DOCUMENT RESUME

ED 223 858 CE 034 406

TITLE Educational Mobility in Nursing--LPN to RN.
INSTITUTION New York State Education Dept., Albany. Office of the Professions.
PUB DATE 30 Apr 82
NOTE 97p.; Proceedings of the Mobility in Nursing Conference sponsored by the New York State Education Dept. (Albany, NY, April 30, 1982).
PUB TYPE Collected Works - Conference Proceedings (021) -- Reports - Descriptive (141) -- Viewpoints (120)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS Access to Education; *Articulation (Education); Educational Cooperation; *Educational Mobility; Educational Planning; Higher Education; Institutional Cooperation; Nursing; *Nursing Education; *Occupational Mobility; Postsecondary Education; Practical Nursing; Staff Development; *Statewide Planning
IDENTIFIERS *New York

ABSTRACT

This document contains 10 papers that were presented at a conference that addressed mobility in nursing education and the promotion of cooperation among nursing institutions and nursing professionals in New York State. The papers focus on the theme of mobility, or articulation, among the institutions that train nurses. In particular, the conference focused on the programs available to nurses who wanted to upgrade their qualifications from licensed practical nurse (LPN) to registered nurse (RN); however, concerns were also addressed to those nurses who wanted to gain education beyond a bachelor's degree. Participants commented on the need to break down the barriers of age and program limitations that have existed and to establish a mechanism to recognize skills learned through experience. Participants also advocated the need for more open programs and easier transitions among programs so that individuals desiring to upgrade their capabilities would not face an overwhelming maze of disparate programs and regulations and an unnecessary waste of time and money. Cooperation among nursing educators and among various program directors was stressed, and several programs providing training for upgrading LPN and RN skills were described. Plans were made to continue the discussions in regional conferences. (KC)

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ED223858

EDUCATIONAL MOBILITY

IN

NURSING--LPN TO RN

April 30, 1982

Albany, N. Y.

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Foreword

The dynamic changes in nursing education over the past decade can be attributed to a variety of causal factors. One of the most significant change-provoking factors has come from the nursing students themselves.

Nursing education today attracts a new breed of student. This student is biologically and intellectually one or two years more mature than the student of 3 or 4 decades ago. This student comes to education more knowledgeable than his or her predecessor in nursing. By virtue of high mobility, travel, mass media, and the influences of a constantly changing and growing democratic society, today's student comes to the nursing profession much more experienced, than his or her counterpart of past decades.

American education, however, has not kept pace with this changing or "new" student. Education is still shackled by a number of myths which must be replaced with the realities of today's world. For example, the myth that school or college is the most exclusive place of education negates the validity of properly evaluated learning experiences for academic credit. The myth that youth is the exclusive age of learning is a falsehood exposed on every campus in this nation by the numbers of older returning student groups, viz., veterans, career-change adults, etc. These are but two from among many "untruths" which have burdened education for years. Mobility within the nursing profession has suffered also by the strictures these myths subtly have imposed on nursing educators and nursing institutions.

Nurse educators are now coming together to provide an educational system which will attract and retain these students and, through that system of nursing education, reinforce community trust and belief in the profession of nursing.

For a number of reasons, detailed in a variety of state and federal commissions and reports, America's health care system is suffering from a shortage of nurses and other health care personnel. Fewer high school graduates from whom to select for admission to nursing, and more lucrative employment outside of the nursing profession are two significant factors often cited by those studying this serious problem. However, another factor coming from within the profession itself must be addressed if this shortage problem is to be faced and treated realistically in the near future. Mobility between levels of the nursing profession must be encouraged and facilitated. Problems of time and money, for instance, must be approached and resolved; problems of accessibility and accountability within all levels of the profession need to be clarified and systematized to

provide greater ease for nursing professionals to advance and improve.

Negotiations and understandings about how more efficient mobility might be achieved among New York State's nursing educators and nursing institutions are in the beginning stages. A conference addressing, Mobility in Nursing, was supported and conducted in the Spring of 1982 by the Nursing Education Unit, Office of the Professions, New York State Education Department. The major presentations of that conference are included in this publication.

In her paper presented on April 30, Mildred Schmidt stated, "Those of you who are administrators of or teachers in nursing education programs are well aware of the pressures from a variety of sources for programs to be planned and conducted so that students who wish to progress from one program to another may do so with the least expenditure of time and money. Those of us in my age group who graduated from hospital schools of nursing and who subsequently wanted to earn undergraduate and graduate degrees found ways to do so but only after investing a great deal of time and financial resources. There was no system in place to provide for our needs."

One of the breakthroughs in providing direction to an open system in nursing was the NLN publication of a statement entitled, The Open Curriculum In Nursing Education. Throughout the seventies there were many publications that were of interest to those concerned with mobility in nursing.

The release of the New York State Health Advisory Council, January 1981 report also included a section addressing upward career mobility in nursing. The recommendations from the Advisory Council that are of particular interest to those involved in articulation were also addressed by Frank Abbott in his presentation, "Higher Education Votes Yes for Mobility Through Professional Programs"; as evidenced by the following quotes:

". . . In this century there have been impressive advances toward a goal of universal educational opportunity. However conscious we must be of obstacles in the way of many persons even to the completion of high school, and certainly of a college education, a tremendous lot has been accomplished. And among the areas in which opportunity for advanced education has expanded most dramatically, certainly nursing must be included. It is difficult to appreciate that, as the ANA Commission on Nursing Education has pointed out, it is only within the past 15 to 20 years that nursing education has become an integral part of higher education with the majority of nurses now being prepared in colleges and universities."

". . . What I am saying is that we are delighted to be associated with the hundreds of nurse educators and practitioners across the State who have been defining and creating programs that have brought about such significant changes in recent years."

". . . In nursing today, perhaps more than any of the other professions, the opportunity for educational mobility is there! Whether the numerous programs at local and state levels will be used will depend in part upon program administrators and faculty members whose continuing support is needed, and in part upon employers (because many who would take advantage of these programs are employed and wish to remain employed), and more than any of the others, upon the individual--because it is no simple matter to add to one's commitments a program rigorous enough to be worthy of professional recognition as well as personal pride."

". . . Our conference is focused upon the LPN and the RN, but I know that many here today from both educational institutions and practical locations are mindful that the need for easy access to programs beyond a baccalaureate is as important for many individuals as the problems that fall within the focus of this conference."

This conference provides evidence that a major objective of the New York State Education Department, Nursing Education Unit, is being met: ". . . to enlarge the nursing educational opportunity for the people of this State; to provide the best possible quality in education; and to see that all of this is accomplished with efficiency, economy, and demonstrable effectiveness."

To provide these opportunities to all individuals regardless of age, Gerald Freeborne, Commissioner of Occupational and Secondary Education, in 1980, authorized the appointment of a special Statewide Health Occupation Education Review Committee. The development and function of this Committee are described in the paper, Secondary and Vocational Education Votes Yes for Mobility from Technical Programs Through Professional Programs. Two specific recommendations are of interest for those planning articulation: "New programs applying for approval or reregistration should be required to submit an articulation plan before action is taken by the State Education Department; the Committee also recommends that articulation of Health Occupations Education programs with related secondary and adult programs be pursued whenever possible to reduce duplication of program competencies."

The papers in this publication address not only curriculum issues in articulation but include those catalysts to success--cooperation and involvement of administrators and faculty members in all areas of the development, implementation, and evaluation of efforts to produce an articulated system of nursing education. The content included represents what is actually happening in these nursing education programs.

The trend of designing flexible educational mobility programs in nursing will continue into the decades ahead. We ask you to join with the State Education Department in providing appropriate, quality access for those who are capable and motivated to enter the professional career of nursing. Mark Twain has said, "Do what is right, it will please some and astonish the rest."

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Mobility in Nursing--Trends and Issues

By Mildred S. Schmidt
Executive Secretary
State Board for Nursing

An open curriculum in Nursing education is a system which takes into account the different purposes of the various types of programs but recognizes common areas of achievement. Such a system permits student mobility in the light of ability, changing career goals and changing aspirations. It also requires clear delineation of the achievement expectations of nursing programs, from practical nursing through graduate education. It recognizes the possibility of mobility from other health-related fields. It is an interrelated system of achievement in nursing education with open doors rather than quantitative serial steps.

The National League for Nursing believes that:

*Individuals who wish to change career goals should have the opportunity to do so.

*Educational opportunities should be provided for those who are interested in upward mobility without lowering standards.

*In any type of nursing program, opportunity should be provided to validate previous education and experience.

*Sound educational plans must be developed to avoid unsound projects and programs.

*More effective guidance is urgently needed at all stages of student development.

*If projects and endeavors in this area are to be successful, nursing must accept the above concept of the open curriculum.

One of the subsequent activities undertaken by the NLN under a long-term project for the study of open curriculum practices in nursing education was the publication of a Directory of Career Opportunities in Nursing Education which was published in 1973. Dr. Carrie B. Lenburg, who is now Coordinator of the Regents External Degree Nursing Program, was the project director. The directory classified the open curriculum practices. This was the first time that a

classification system had been developed to describe open curriculum practices. The Directory enabled potential students to identify schools of nursing which could enable them to further their educational preparation regardless of their previous background.

The final report of NLN's open curriculum study was published in 1979 under the title, The Open Curriculum In Nursing Education. The publication presents the results of an eight-year project and contains an important new body of descriptive data on both open curriculum practices and open curriculum students. One of the interesting findings of the study was: (Foreword, page iv)

> The expectation that opposition from the school administration, or the faculty, or the state boards of nursing, or the accrediting organizations, or others, would place onerous constraints on the development of open curriculum practices simply did not materialize in the data to any great degree. Successful ventures were probably more closely linked to the presence within the nursing program of a nucleus of motivated, interested persons (sometimes one or two people) who were willing to work hard to put their ideas into practice.

I commend the report to those of you involved in developing open curriculum practices.

Institute of Medicine's Study of Nursing and Nursing Education

There are several more recent reports that are of interest to those concerned with mobility in nursing education. In July of 1981 the interim report of a study of nursing and nursing education was released. The study was authorized by section 113 of the nurse training act amendments of 1979 and is being conducted under the auspices of the Institute of Medicine, National Academy of Sciences. Appendix 3 of the report consists of the findings from a review of 63 major recent state studies of nursing issues. It was found that one of the topics most frequently discussed in these 63 studies was the issue of articulation. In the part of the Institute of Medicine's report entitled, "Background Facts and Preliminary Analyses," there is a section entitled, Educational Pathways of Nursing: Implications for Supply. Under the topic Educational Mobility the statement is made that "Nurses who choose to upgrade their education may find confusing, often circuitous, and expensive pathways."

After citing the number of programs involved in inter-institutional planning for increased mobility and transfer the report states: (page 6.18)

Despite the progress being made, educational mobility remains an issue. There is an observable geographic difference in the number and kinds of open curriculum programs (which allow educational mobility) (33); there is mismatch between educational requirements of various programs and, according to Lysaught, "Nursing Politics" may impede the progress of articulation (34). The result means that experienced diploma nurses wishing to pursue a baccalaureate degree and LPNs wishing to pursue an associate degree may be required to pursue nursing education in a freshman class with inexperienced high school graduates.

One of the central debates in the issue of educational mobility is whether to encourage clearcut educational opportunities to allow movement of people with demonstrated abilities from one rung of an educational ladder to the next; for example, nursing aides to LPNs, LPNs to Aides, and Aides to BSN graduates. To some, such a ladder of educational opportunity would tap new potentials of nurse supply, reduce educational repetition, and allow more clearly defined career pathways. To others, it is more important to retain clear distinctions between nursing education programs that prepare nurses technically competent to perform limited ranges of functions and those that prepare professional nurses prepared to assume leadership positions and to function in a variety of health care settings (35). This debate about educational mobility in nursing education appears to be highly relevant to the present and future supply of nurses.

National Commission on Nursing's Study

The National Commission on Nursing which is sponsored by the American Hospital Association, Hospital Research and Educational Trust, and American Hospital Supply Corporation released its Initial Report and Preliminary Recommendations in September 1981. The commission, a forum of 30 commissioners, is charged with developing and implementing action plans for the future. The overriding reason for the commission and its greatest concern is the nursing shortage. The commission has held a series of hearings in an effort to look at the system in which nursing is practiced. The initial report states that, "There was strong support in testimony to support all levels of nursing education." "Generally, it was acknowledged in testimony that nursing education is in transition. Not only

are nurses seeking to upgrade their education, but programs are undergoing transition to accommodate registered nurse students and to ensure educational mobility through the system of nursing education." Two of the recommendations with respect to nursing education in the report states: (page 42)

> Educational mobility in nursing for undergraduate and registered nurses must be promoted in the higher education system (baccalaureate) through educational articulation between components of the educational system. Programs should be accessible. Special programs for successful reentry of nurses should be developed.

AND

> Accreditation standards should encourage an articulated education system in nursing. The perception that accreditation requirements encourage or discourage innovations in education and career mobility should be studied and appropriately modified.

Leaving these two national studies, let us move to the state level.

New York State Health Advisory Council's Study

In February 1980 the Co-chairman of the Health Advisory Council of the New York State Health Planning Commission appointed a task force on nursing personnel. The task force was given the objective of identifying present and future problems relating to nurse supply and requirements and proposing solutions to these problems. The report of the task force entitled, Are Nurses in Short Supply? A New York State Perspective was released in January 1981. One section of the task force report is headed Capacity of the Educational System To Provide Needed Personnel. One of the topics in this particular section addresses upward career mobility in nursing. Several paragraphs from this section are pertinent to today's conference. (page 49)

> The movement of LPNs into RN educational programs is limited by the nature of the existing practical nursing curricula. This creates a barrier that many potential RN candidates find too big to overcome. A number of the practical nursing education programs have begun to offer students an opportunity to earn college credit simultaneously with their enrollment in the LPN program. Some LPN programs have been designed to enable the student to matriculate in the second

year of an associate degree program without loss of credit.

Entry into professional nursing by means of LPN preparation, followed by RN education, has a special significance in terms of increased participation by minorities and other disadvantaged persons. Innovative methods for facilitating progression through the required levels of education will have a favorable impact on the relatively low proportion of minority representation at the RN level.

Three of the recommendations contained in the task force report are of particular interest for our deliberation today. (pages 51-52)

5. The State Education Department, in collaboration with representatives from the three sectors of higher education (SUNY, CUNY, Independent) should meet to identify barriers to upward mobility for those persons wishing to move from one educational level in nursing to another and to recommend appropriate action.

6. The State should encourage the strengthening of postsecondary level practical nurse education curricula. These programs should be articulated with associate degree RN programs in order to permit career advancement for those practical nurses who have the ability and desire to progress in the nursing career ladder. Those students who enter secondary-level PN programs should be made fully aware of the career prospects and limitations presented by these programs.

7. The State Education Department, and the baccalaureate nursing programs should continue their respective efforts to facilitate the entry of hospital school diploma graduates and associate degree graduates into baccalaureate nursing programs.

Preliminary Report of the Statewide Health Occupations Education Review Committee

In 1980 the department appointed a Health Occupations Education Review Committee to study the New York State Health Occupations Education Curriculum. The Committee's special concern was to review the instructional delivery system and curricula in the statewide health occupations education

program from a futurist perspective. The Preliminary Recommendations of the Statewide Health Occupations Education Review Committee were distributed last month for review and reaction. One of the educational issues the Committee considered in its deliberations was articulation. The Committee made the following recommendations: (page 26)

> The Committee recommends that institutions located in geographic proximity which are offering related programs for the preparation of health care personnel, articulate to the maximum degree possible. Such articulation should have twin purposes: to reduce unnecessary duplication of instruction, and to maximize career mobility to the fullest extent. New programs applying for approval/registration and existing programs applying for re-approval/re-registration should be required to submit an articulation plan before action is taken by the State Education Department.

State of Health Message

Governor Carey's State of Health Message contained one section on health personnel. Two paragraphs from this section stated: (page 29)

> New York has the best trained and the most skillful health professionals in the world. They are a human resource of incalculable worth to each of us. To make the best use of this valuable resource, we are addressing problems in nurse education recruitment and retention, physician oversupply and maldistribution, and underpresentation of minorities in the health professions.
>
> To make nursing more attractive, we must improve the ability of licensed practical nurses to become Registered Nurses. I, therefore, call upon the Commissioner of Education to work with educational leaders in all sectors in a cooperative effort to identify and remove inappropriate barriers to upward mobility in the nursing education system and develop additional programs to meet the educational needs of those who wish to improve their skills.

Summary

This brief overview of statements and recommendations from a variety of sources highlights the importance of the issue of

educational mobility in nursing. It is for this reason that we have invited you to join us today. Both the secondary and vocational education as well as the higher and professional education arms of the Department are involved and concerned with this issue. We want you to be aware of support from both these arms of the Department in addressing this issue. We also believe it will be stimulating for you to hear first-hand how some nurse educators have tackled the matter of educational mobility in their programs. Hopefully you will leave Albany feeling a sense of satisfaction that nurse educators in New York are tackling this issue. You will also, we hope, be eager to take a look at your own program, if you have not already done so, to determine what can be done to facilitate the progression of students from one educational level to another. For those of you representing nursing services, we hope you will find ways of enabling employees in the institutions you represent to take advantage of opportunities for educational mobility.

Higher Education Votes Yes for Mobility Through Professional Programs

By Frank C. Abbott
Assistant Commissioner
for the Professions

This is a most impressive turnout for a conference on a subject which is even more American than apple pie: "educational mobility," providing through education the opportunity for personal advancement--what could be more truly and basically in the American ideal than that?

In this century there have been impressive advances toward a goal of universal educational opportunity. However conscious we must be of obstacles in the way of many persons even to the completion of high school, and certainly of a college education, a tremendous lot has been accomplished. And among the areas in which opportunity for advanced education has expanded most dramatically, certainly nursing must be included. It is difficult to appreciate that, as the ANA Commission on Nursing Education has pointed out, it is only within the past 15 to 20 years that nursing education has "become an integral part of higher education with the majority of nurses now being prepared in colleges and universities."

Still, mobility within the educational structure that has developed in the nursing field remains a topic of obvious interest and concern. Mobility, indeed, and not expansion, appeared to the Health Advisory Council's Task Force on Nursing Personnel to be the major issue and need in the state system of nursing education. As Mildred Schmidt has said, it urged the institutions of higher education and the Education Department to continue their efforts to encourage and assist movement from practical nursing to associate degree programs and from associate degree and diploma programs into baccalaureate programs, and it urged that a meeting like this one be arranged so that remaining barriers could be identified and demolished. That's quite an order, I know; but as I have been reviewing what has been accomplished in the field of nursing I must say that I have come dangerously close to optimism! To find <u>any</u> cause for optimism in this day of high interest rates and high unemployment and high prices and lower federal appropriations and continuing international tensions makes me even more appreciative of the nursing profession than I already was!

What lies behind this concern about education mobility in nursing? Obviously, there are problems, and there are needs--needs of society and needs of individuals:

• There are a number of tracks, historically disparate, by which persons young and not so young may prepare for service somewhere within the nursing profession. Ambitious, capable people on any one of those tracks may find it difficult to switch to another track that will carry them farther down the road--even though I must say, not so long ago I would have had to use the word "impossible" where I have used the word "difficult."

• There is a great need on the part of the public for more highly trained nurses. There are areas of the state, and there are areas within all our major cities--and there are areas of specialty within the profession--where the need for additional people is especially great.

• At this time there is a particular need in nursing for mobility to advanced levels of education because employers, like the leadership of the profession, are saying that professional nursing service is anchored in education at the baccalaureate level, while because of history, at this time only a minority of practicing nurses have completed an education at that level. The result is that now and for at least several decades to come, there is a need for opportunities in baccalaureate programs for people who will bring to those programs knowledge and skills and sensitivities well beyond those of the high school graduate, but less than those of the baccalaureate graduate--and almost as varied as the number of individuals involved.

So for all these reasons, interest in mobility is natural, and it is timely.

In any professional area, mobility from one educational area or level to a higher or more inclusive one depends upon several ingredients.

1. For one, there have to be people with the ambition, gumption, dedication, ability, incentive to make the attempt. Moreover, it takes a certain corpus or "critical mass" of such individuals to get the attention of persons in the other areas and levels whose understanding and willingness to do something about it are essential.

2. Second, the undergirding, basic education that people bring to nursing, wherever they enter the nursing field, has to be of sufficient quality to equip people (however ambitious and determined) to build upon the knowledge base and the reasoning and communications skills earlier acquired.

3. Third and obviously, if mobility is going to occur, there have to be specific programs and processes that mesh with others in nursing to make it possible for advancement to take place.

Given these, a fourth ingredient probably will be forthcoming, namely: encouragement, help, support in many forms. It may take only an attitude on the part of an employer who is willing, rather than unbending, when it comes to scheduling of work hours; it may take deliberate employer policies which, for example, extend additional leave to those who are ambitious enough to pursue a course of professional advancement; it may take financial aid, and that undoubtedly will need to come from a great many sources; it may take special efforts on the part of those who have already achieved advanced skills and who are willing and able through tutoring and other support programs to help those who need extra encouragement and assistance.

Certain of these prerequisite ingredients I believe we can assume will be there: certainly the ambitious people, and in large numbers; and I believe also, despite faults in some elements of our programs of elementary and secondary education, by and large we can assume an adequate undergirding program of education for those who enter the field of nursing.

However, to create specific programs and procedures within programs of nursing education at all levels which can fully and hopefully accommodate students who bring with them certain learning in the field of nursing--this is dependent on something more. To do this required at least two beliefs or convictions--in addition to a lot of hard work:

1. One of those beliefs is that in fact, the knowledge and skills required for effective practice in one area of nursing do relate to the knowledge and skills required in others--that is, that there are intrinsic relationships among levels of learning and performance in the science and the art of nursing.

2. The second essential belief or conviction is that it is possible to identify, define, and demonstrate objectively these intrinsically related elements of knowledge and skill.

As I suggested, belief that there are intrinsic and demonstrable common elements in nursing practice is the starting point. Some of our speakers today will be able to testify better than I that hard work, patience, determination, and faith are just as important.

In the past dozen years there has been tremendous accomplishment in creating programs, learning from experience, revising and improving every component--and expanding the

avenues of educational mobility in nursing. Ten years ago a conference on this subject would have been mostly hortatory--telling us how important mobility is and admonishing us to find ways to promote it. In 1982 the conference is mostly informative--sharing facts and experiences on programs now in being. We are indebted to those who have been willing today to share their experiences with us all, including those who will be offering prepared remarks and many others of you who will be participating in the discussion.

At the risk of appearing to be a horn-blower for the Regents and the Education Department, I want to say that we are proud to be able to feel that the Regents and the Department have been a significant part of the inspiration that has brought about the present array of opportunities for mobility and that will continue to work on remaining sticky points. What I am saying is that we are delighted to be associated with the hundreds of nurse educators and practitioners across the State who have been defining and creating programs that have brought about such significant changes in recent years. We plead guilty, if you will, to being among those who believe that there <u>are</u> intrinsic elements among programs of nursing, that those elements can be identified and learned in various ways and tested for, and that it is important both for society and for individuals that mechanisms be created to give public recognition to those who succeed in demonstrating the necessary skills.

The Regents have, indeed, been in the business of "stirring the pot" in higher education for a long time. The Department's New York College Proficiency Examinations have been facilitating the recording of college credits on the basis of examinations alone, for just short of 20 years. Today most colleges and universities in New York and a very large number in other states accept credits earned through this program through 22 exams in arts and sciences, education, criminal justice, secretarial science, and nursing.

Even more dramatic, of course, is the Regents External Degree. This program, beginning in 1971, has been the means through which well over 15,000 men and women coming from New York, the other states, and many foreign countries have earned associate and baccalaureate degrees, including (as of this spring) more than 1,100 ADN and 250 BSN degrees. In these nursing programs, both now having achieved NLN accreditation, nearly 10,000 individuals are enrolled. The development of these programs has been a long and arduous task, one that I'm sure has had a profound impact upon the attitudes and beliefs of the persons involved and through them, upon nursing education throughout the state. Writing about the efforts to

develop the AD and BS programs, Carrie Lenburg, Program Coordinator, has said:

> For the first time in the history of nursing, a nursing faculty sat down together and not only designed two highly integrated academic programs in nursing, but also they created objective assessment tools which would permit students to meet the entire nursing degree through examinations . . .*
>
> The knowledge and competencies required to practice nursing (technical and professional) have been identified and written explicitly and are available to students. It is a competency-based, assessment program designed primarily for the adult learner. Students may use any learning approaches they choose, any time schedule that suits their needs, and any resources at their disposal. However, when they declare themselves ready, they must take high-level theory and performance examinations that assess their achievement of the competencies identified by the faculty, as mandatory for the degree. The program values prior learning, maximum flexibility and learner responsibility. Moreover, the program can function as a total assessment alternative because the expected competencies are explicit and public, learning is the responsibility of the learner and the objective examinations are tailor-made to document all essential outcomes.**

More recently the Regents and Department have initiated still another program intended to facilitate the recognition of the academic value of learning acquired in any and all settings, the Program on Noncollegiate Sponsored Instruction, begun in 1974. Through PONSI, there can be a truly rigorous evaluation of the academic value of courses offered by organizations not primarily educational such as accounting firms, government agencies, the military, private industries, and health service organizations. I am pleased to say that PONSI is fully prepared to work with interested hospital schools of nursing which award the diploma in extending this service to those programs.

I want to point out that from time to time I hear overtones of discussion which suggest that the Education Department has

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*Peabody Journal of Education, April 1979, p. 214.

**In Blackwell Scientific Publications, 1981, Current Issues in Nursing, p. 184.

the reputation of being wedded to the rule books, a counter of square feet and library books and part-time faculty, unbending in its assessment of that which represents "quality." I'm sure many of these programs do demonstrate the Department's receptivity to innovation and change. Let me emphasize that our work in these programs is accomplished through academics--we enlist, and work through, faculty members drawn for the most part from institutions within this State. The results of their efforts are not only these state-level programs of which we are proud but faculty members in a hundred places around the State who have been stimulated to areas of thought which might otherwise have gone unknown and to discoveries of approaches that are being adapted for "home use" on a great many campuses.

In nursing today, perhaps more than any of the other professions, the opportunity for educational mobility is there! Whether the numerous programs at local and state levels will be used will depend in part upon program administrators and faculty members whose continuing support is needed, and in part upon employers (because many who would take advantage of these programs are employed and wish to remain employed), and more than any of the others, upon the individual--because it is no simple matter to add to one's commitments a program rigorous enough to be worthy of professional recognition as well as personal pride.

There remain some major areas to challenge us if we are to be able truly to afford each of our citizens the opportunity for self-realization. The most urgent of these involves further opening of opportunity for minority women and men to enter and progress in the profession of nursing (and I should add, all of the other professions as well). Here, we have to look to the grounding in elementary and secondary schools and to the encouragement that teachers and counselors can give to those who may aspire to a career in nursing. But the ladder of programs, and the readiness of two-year and four-year colleges to find ways to admit students who may be outside the norm, and to provide encouragement and academic and personal support to those students, can be even more telling for minority students than for those from majority groups.

As our Higher Education Opportunity Program administrators have advised me, "Upward mobility is a definite possibility for an LPN. Non-traditional avenues such as part-time programs and the external degree do allow people to proceed more readily at their own pace toward the RN."

It comes down to motivation, of course; but who would deny that one's motivation is in no small part the result of the love and encouragement and help that comes from others.

Other areas where both the public and the individuals who comprise the nursing profession will benefit from continuing attention to the provision of avenues of mobility are (1) in postgraduate programs whether leading to advanced degrees or certificates and (2) in continuing education programs. A clearer delineation of nursing roles in advanced areas of practice, which is emerging with nurse practitioner services around the country, will extend the nursing ladder in important ways, as Assemblyman Mark Alan Siegel has pointed out.

Our conference is focused upon the LPN and the RN, but I know that many here today from both educational institutions and practice locations are mindful that the need for easy access to programs beyond a baccalaureate is as important for many individuals as the problems that fall within the focus of this conference.

I'd like to close on a more personal note. I came to Albany to work in professional education and regulation five years ago after spending 30 years in higher education administration. I had of course brushed up against some professors and deans of professional schools and even against the nursing boards and state nurses association in Colorado. But believe me, 99 percent of what I know about the professions I have learned since January of 1977. I think I now know 10, maybe 15 percent of what I need to know to do my job the way I'd like to do it! The point I mean to be making is that my view of the nursing profession is a relatively fresh view--something more than naive but very much less than tired or jaded.

My view is that many of the nurses I meet underrate the strength of their profession and overrate the dust and noise attendant upon some of its internal discussion-debates-arguments-battles! I have heard some say, for example, that nursing has too many rooms in its mansion--that it is fractionated, unable to come together, and thereby weaker than it must become.

I want to suggest that this very characteristic--the variety of areas for learning and for service, the varying levels of education required for entry into these areas--these are sources of strength for the profession, <u>provided</u> there is opportunity for mobility through these programs. I believe by dint of a tremendous amount of very hard work, literally hundreds of nurse educators and practitioners have created a framework for mobility that can be a model for other fields and that lends the nursing profession enviable strength.

The Nursing Maze--Educational Mobility--L.P.N. to R.N.

By Gerald L. Freeborne
Deputy Commissioner for Elementary,
Secondary and Continuing Education

Good morning, ladies and gentlemen. It is a pleasure to participate in this Conference directed toward the topic of "Education Mobility in Nursing--L.P.N. to R.N." It is my understanding that this conference is one step in responding to the charge made by the Governor's Health Advisory Council Task Force, when it recommended in 1981 that:

> The State Education Department, in collaboration with representatives from the three sectors of higher education (SUNY, CUNY, and Independent) should meet to identify barriers to upward mobility for those persons wishing to move from one educational level in nursing to another, and to recommend appropriate action.

Secondary Education, and Vocational Education, as a part of Secondary Education, as well as Adult, or Continuing Education, certainly does vote YES to the concept of articulation and educational mobility to help each student achieve his or her fullest potential in career pursuits.

Use of Term Vocational/Occupational Education

I have been asked to provide for you an overview of Vocational or Occupational Education. Vocational Education in its simplest definition is preparation for work. I may use either Vocational or Occupational as I continue my remarks, and let me establish at the outset that the two terms are interchangeable in this State, although Occupational is the term most frequently used. Occupational Education is one avenue of study available for all students to choose as a component of options in the total Educational program offered in the Schools and two-year colleges of New York State.

Definition of Occupational Education

In May of 1971 the Regents issued Position Paper #11 Occupational Education, which described the occupational education program in New York State at that time and outlined some major program directions for the future. Occupational education is defined as that part of the education process which prepares people for employment in occupations requiring less than a baccalaureate degree. In concept occupational

education is a continuous process, beginning in the earliest school years and extending through a person's working lifetime.

The currently operating comprehensive system for occupational education includes:

- learning activities in the elementary and middle grades to develop students' awareness of the importance of work in society and their knowledge about the kind of work people do;
- prevocational, exploratory activities and guidance and counseling at the early secondary level to enable students to try out various occupations and help them choose;
- specific occupational preparation, including classroom, laboratory, and action work experiences, in the late secondary school years, leading to entry-level employment and/or further education beyond high school;
- technical level postsecondary occupational education programs, leading to an associate degree and/or employment or continued higher education; and
- adult occupational education programs, serving people of all ages who have completed or left formal schooling, to meet a variety of adult learning needs, including preparation for employment, upgrading of skills for advancement or security in present employment and retraining for new employment.

Delivery System for Occupational Education Programs in NYS

The components of the comprehensive delivery system for occupational education envisioned by the Regents in 1971 remain the core of the present delivery system. They include:

- occupational education programs in public secondary schools, including business and office and distributive education;
- programs serving secondary students and adults at the area occupational centers operated by Boards of Cooperative Education Services (BOCES);
- the associate degree and nondegree programs of 2-year colleges;
- specialized programs offered by proprietary occupational schools;

- o government manpower training (now mostly CETA) programs;
- o and programs conducted by employers, including private business and industry government agencies, and hospitals.

The transparency on the screen provides an overview of the governance structure and delivery system for occupational education in New York State. As you can see, two offices in the State Education Department share responsibility for administration of occupational education programs and services, the Office of Occupational and Continuing Education and the Office of Higher Education Services.

During the 1980-81 school year 348,812 secondary students, 82,012 students at the adult level, and 259,414 postsecondary students were enrolled in occupational education programs across the State.

Members of my staff in the Division of Occupational Education Planning and Information, Research, and Evaluation are in the process of finalizing the State Plan for the Administration of Occupational Education in New York State for the five-year period, 1982-83 through 1986-87. To help those of you in the audience who may not be familiar with this program, I will review with you the three major goals for occupational education in New York State during this five-year period, as stated in the Plan:

I. Provide all individuals with an equal opportunity to participate in quality occupational and practical arts educational programs with the necessary support services they need to remain in and receive maximum benefit from these programs.

II. Support the economic development of New York State by delivering quality occupational education programs and services at the secondary, post-secondary, and adult levels which reflect present and future labor market needs.

III. Ensure the efficiency of the occupational education delivery system while continuing to maintain program quality and to provide access to comprehensive occupational education programs for all individuals who can benefit from such programs.

These major goals are addressed at each instructional level through the following mission statements.

Secondary: Serve students who need and desire occupational education and thereby provide them with the opportunity to acquire the skills needed to obtain entry level employment and/or to continue their education at an advanced level.

Postsecondary: Serve students who need and desire occupational education and thereby provide them with the opportunity to acquire skills necessary for technical level employment, occupational mobility, or employment advancement.

Adult: Serve adults and out-of-school youth who require training or retraining for employability, employment security and/or advancement, or occupational mobility.

Health Occupations Education
One of Seven Instructional Programming Areas

Occupational education programs are offered as part of this system in seven Occupational and Practical Arts instructional areas: Agricultural, Business, Health Occupations, Home Economics, Industrial Arts, Marketing and Distributive, and Trade and Technical Education. Programs primarily are designed to respond to employment market demands in each region of the State and Statewide.

Two major, and several related programs, bear directly on the Nursing field: Practical Nursing (Leading to Licensure), Nurse's Assisting, Health Assisting and Home Health Assisting. This total structure, then, provides flexibility for encouraging various exit and entry points and options for upward mobility in career pursuits.

Employment Demands for Health Workers in Nursing

Depending upon the source and the combination of statistics, the Health Care Industry is classified as the second or third largest industry in the country. Futurists in the U. S. Department of Labor tell us that for the 1980-90 period, three levels of nursing personnel are among occupations on the list of "the 20 most rapidly growing occupations among the low-trend projections." These are Nurses' Aides and Orderlies, Professional Nurses and Licensed Practical Nurses.

Looking to the Future

In 1980 I authorized the appointment of a special Statewide Health Occupations Education Review Committee and the initiation of a Futuring Project in Health Occupations Education. This began the second of two pilot projects in a particular field--the first was in Business Education--designed to experiment with the concept of looking at the future--to about the turn of the 21st Century--to ascertain the nature of the industry, the changes expected, and the competencies needed by workers in the particular field. Based on all the evidence from this investigation, the Committee was charged with recommending appropriate redesign of the curriculum in the field to prepare workers competent to perform in the industry of the future. These two pilot efforts have led the way to a much more comprehensive Futuring project now in operation, giving similar attention to all instructional fields in Occupational and Practical Arts Education.

The Health Occupations Education Futuring Committee will conclude its charge in June of this year, following a series of Regional Meetings across the State to solicit all reactions and concerns possible from related and interested field constituencies. I am aware that some of you in the audience serve as members of this Committee, or as members of the Regional Observer cadre. Others may have attended some of the committee meetings or participated as a presenter in Committee sessions. The final recommendations of the Committee are available in a preliminary report form, and deliberations of the Committee are a matter of public record, having been published in a series of annual reports and the HOE Futuring Newsletter series, which has received wide distribution.

Some significant trends with which the Committee dealt included:

- o expectations of an increasingly aging population;
- o increasing sophistication of instrumentation;
- o advancements in procedures to provide health care;
- o fewer young workers entering the work force;
- o an emphasis on wellness and self-care;
- o health care in the home and in extended care settings; and
- o hospital care restricted to the seriously ill.

Based upon these and other trends, the Committee has proposed a series of recommendations for the redesign of the State's Health Occupations Education program to prepare the health care workers of the future. Adjustments will be made by the Committee in June, based upon an analysis of the field reactions from the Regional meetings. These then will be presented to the Board of Regents for action.

Committee members are recommending an HOE program design structure which provides for maximum development of basic competencies, maximum flexibility in pursuit of preparation as needed for performance in the jobs of the future, maximum mobility in career options, and maximum use of all resources to implement the intent of the design. A few of the features are:

- A specified core of basic competencies to be acquired by all persons--secondary, adult, collegiate, as a basis for proceeding to specialize in particular fields.

- A series of core competencies for all individuals pursuing preparation in any one of the HOE cluster and sub-cluster areas--for example: Nursing Related Occupations in the Direct Patient Care Cluster.

- A series of plug-in, pull-out program segments which will allow for adjustment, change, elimination, and new entries as technology and job titles and tasks change over the years.

- A statewide standard to be developed to assure competency before students are allowed to seek employment in patient care.

As one of many topics during its 10 meetings to date, Committee members considered articulation within and between program areas and levels as a crucial aspect of the implementation of the proposed program design.

Following a comprehensive examination of the potential for articulation in its many forms, they developed two specific recommendations pertaining to this issue:

- The committee recommends that institutions located in geographic proximity which are offering related programs for the preparation of health care personnel, articulate to the maximum degree possible. Such articulation should have two purposes: to reduce unnecessary duplication of instruction, and to maximize career mobility to the fullest extent.

New Programs applying for approval or re-registration should be required to submit an articulation plan before action is taken by the State Education Department"; and the second:

- The Committee also recommends that articulation of Health Occupations Education programs with related secondary and adult programs be pursued whenever possible to reduce duplication of program competencies.

  Health Occupations Education programs should specify the distinction between knowledge and skills to be covered in the Health Occupations Education curriculum and those in other programs of study.

Articulation in Occupational Education Study

Secondary-postsecondary articulation has long been a concern of occupational education. Isolated success stories of cooperative efforts have been reported. During the 1977-78 school year, my office conducted a study to formally determine what agencies were involved in some kind of articulated programming, features of their programs and practices which promote or restrict articulated efforts. Agencies reporting varied articulation projects in the Health Occupations field included nine (9) community colleges, and one (1) secondary agency involved in practical and professional nursing and one (1) community college and nine (9) secondary agencies, reporting selected other HOE program areas.

Characteristics of articulation approaches reported by the agencies grouped naturally in seven categories:

- Acceleration and crediting of college level OE study;
- Guidance, counseling, and advisement in relation to articulated OE programs;
- Admissions and recruitment practices in articulated OE programs;
- Articulated OE programs for groups who have not traditionally attended college;
- Articulated OE Program facility and service sharing;
- Formal written agreements, permanent joint committee or other formal mechanisms for school-college OE articulation; and
- Basic skills development of articulated OE program students.

Some features of mechanisms reported as effective in promoting articulation were:

- Evidence of a cooperative spirit and a desire to explore articulation;
- Actual opportunity for planning, emphasizing efforts to reduce costs and use resources;
- Existing articulation factors such as geographic proximity, and services to the same population groups;
- Individual leadership where personnel from both institutions work smoothly together;
- A strong vocational counseling system which provides interpretation of career options; and
- Joint seminars for personnel involved.

Obstacles revealed by the study which tend to prevent effective articulation practices include:

- Attitudes and philosophies--general inertia, lack of commitment, low priority to articulation;
- Lack of planning;
- Bureaucracy and red tape--salary schedules, liability insurance, legislation, regulations;
- Unwillingness to share facilities and resources; immaturity of student, and vested interests;
- Financing--cutbacks in funding, shortage of funds, lack of equitable arrangements between institutions, differing faculty pay scales, bargaining unit negotiations;
- Concern for maintaining standards;
- Transportation problems, scheduling difficulties; and lack of space and facilities.

Designing and Implementing an Articulated Educational System

A crucial concern in managing resources effectively to achieve true articulation and promote upward career mobility is to both choose and do the right things in carrying out these priorities. This may sound familiar to some of you in the

audience today. The Department this year has instituted throughout the State an inservice program in MODEL-NETICS. This is a series of management workshops for secondary and postsecondary occupational education administrators, within and outside the Department, designed to enhance existing management skills and lead ultimately to improvement of the quality of occupational education throughout the State. Some of you may be enrolled in one of the several sections of this project offered in various regions of the State.

The MODEL-NETICS system presents the principles of management as a series of 151 quick-reference word and graphic models, which when applied in various combinations tend to help managers in any setting carry out their responsibilities effectively.

Under this MODEL-NETICS concept of management, it is considered important to be as sure as possible that the objectives and priorities set are really "on track"--that is, in relation to the theme of today's meeting, that the types of health care personnel and the competencies identified as priorities are really those needed to service the continually changing health care delivery system of the future. This is the "EFFECTIVENESS--RIGHT THINGS" model. On the other hand, it is important to be as sure as possible that the educational delivery system designed will really get the job done in the most cost-effective and humane manner--that is, that it will capitalize upon all possible resources available through both the secondary and postsecondary levels--combining faculty expertise, community/employer expectations, joint-curriculum development opportunities, numerous entry and exit points, sharing facilities for in-school and external clinical sites, as well as combining sources of financial support, to mention just a few factors involved under the "EFFICIENCY--THINGS RIGHT" model.

Under this MODEL-NETIC concept, it is possible to choose the "RIGHT" directions, but implement them in an inefficient manner or you may have cost-effective implementation but if you choose the "WRONG" directions--the wrong things will be achieved. Choosing the right direction is important.

For what types of workers should programs be designed to meet the employment demands of the future? What combinations of competencies will be significant? Where should we concentrate our increasingly limited resources to serve the needs of the future health care delivery system and those of the varying populations groups in our State?

A Challenge for Action

I submit to you that in attacking the concern for ways to increase the opportunity for mobility in the Nursing field--for ease of progression from one level to the next, and maximal use of all available resources--we look to strengthening the CONTINUUM of learning from secondary through postsecondary educational levels. We must be concerned not only with progression from the practical nursing level to the professional nursing level. We must examine the potential impact of a full continuum of progression from a basic core of common competencies needed by all support, technical, and professional practitioners through what are now known as the nurse assisting, practical nursing, and professional levels, and further to newly envisioned professional levels of practice. Such examination implies also looking at the potential for horizontal mobility, combining the competencies of nursing personnel with those of related health fields, for providing health care in settings not yet on the drawing board.

Such examination also calls for development of a true partnership between secondary and postsecondary education.

In view of increasing economic pressures, reduced federal responsibility and support, reduced potential for new workers, increased technology and similar factors, it is more important than ever that we use effectively the personnel we now have, help them to change and improve skills in relation to the times, and prepare new personnel to be adaptable and to perform at their highest potential while meeting the employment needs of the industry and providing the highest quality of care in meeting the nursing-related and all health care needs of the citizens of this State.

Yes, Vocational Education votes for mobility in Nursing, and commits its resources to help effect this.

Thank you for the opportunity to share these views with you today.

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Evaluating Curriculum To Foster Allocation of Credit for Prior Achievement

By Gail A. Rosettie
Associate in Nursing Education

This paper will address curriculum structure in relation to educational mobility, and further, will discuss principles of faculty decisions concerning curriculum designs. Also the regulations of the Commissioner of Education for the registration of all curricula will be explored. This paper serves a two-fold purpose: 1) to bring the reader to a new level of awareness in the area of educational mobility in nursing, and 2) to provide the reader with a basis for the presentation of specific curriculum designs which constitute the bulk of this publication.

Background and Terminology

Generally "educational mobility" designates movement from any one level to another in an educational field. Most frequently this movement is in an upward direction, though it may also designate lateral mobility.

Because of their frequent confusion in meaning, two other closely related terms need to be clarified. "Articulation" has often been used interchangeably with "open curriculum." As defined by the National League for Nursing (NLN) open curriculum means

> one that incorporates an educational approach designed to accommodate the learning needs and career goals of students by providing flexible opportunities for entry into and exit from the educational program, and by capitalizing on previous relevant education and experience. (Notter, 363)

To discuss open curriculum options available in New York and elsewhere, this definition must be broadened to include those programs which offer flexible opportunities not only at entry and exit points, but also <u>within</u> their programs. These programs which offer varying degrees of open curriculum options are identified as progressive track programs. The term, articulation, is used in its purest meaning and alludes to the process through which two or more distinct programs enter a formal agreement and <u>jointly</u> structure their programs, thereby allowing students to earn and transfer nursing and non-nursing credits from one program to another with minimal repetition.

For those students whose career goals, resources or circumstances change, flexibility in educational opportunities without repetition of experiences or penalties of time, must be available. The former motto of The University of the State of New York, "Let each become all that he is capable of being," basically means that each individual should have the opportunity to achieve all that is in his power to achieve. Inherent also in this motto is that society is obliged to provide this opportunity. However, opportunity is no guarantee, but only a challenge and a pathway to a career goal. Not everyone who completes a particular educational program necessarily has the ability to complete a higher level program.

Achieving articulation between levels of an educational program in a discipline based on multiple theories and imbued with multiple content approaches, is extremely difficult.

Not all programs at any one level are alike--they have different content presented at different levels of sophistication. It is difficult to modify a higher educational level program if it accepts graduates from more than one lower level educational program. Also, when dominant curricular threads between the programs do not match, it is difficult to determine appropriate student placement.

New York's nursing education programs have responded to upward mobility in several ways and four principal patterns of curriculum have emerged. These patterns were identified in the NLN Open Curriculum project (Notter, 6-7). These four categories will provide the framework for discussing issues which confront faculty in designing, implementing and evaluating open curriculum within the standards contained in the regulations of the Commissioner of Education of New York State.

FOUR PRINCIPLE CURRICULUM PATTERNS
1. LICENSURE-BASED
2. ADVANCED PLACEMENT
3. MULTIPLE SEQUENCE (CAREER LADDER)
4. ASSESSMENT

PATTERN I: Program Which Admits Licensed Persons

This pattern includes programs which admit licensed persons and are designed to build on a prior level of nursing education. New York has two associate degree programs (ADN) which admit only licensed practical nurses (LPN). Currently twelve upper division baccalaureate programs (BSN) which admit registered professional nurses (RN) from diploma or ADN programs are in operation.

One of the New York Education Commissioner's regulations states:

> To be registered, each curriculum shall show evidence of careful planning. Institutional goals and the objectives of each curriculum and of all courses shall be clearly defined in writing, and a reviewing system shall be devised to estimate the success of students and faculty in achieving such goals and objectives. (New York: Rules, 44)

To comply with this regulation, faculty designing an upper division program need to develop philosophy and goal statements in terms of knowledge and skills expected of graduates. The Nursing Education staff also expects this faculty to differentiate clearly all behaviors expected in each semester from the cognitive and psychomotor behaviors the students had on admission. To respond to this task, the faculty must identify the knowledge and skills of the average applicant to the program. Therefore, the faculty need to consider the following questions:

(1) Does the program articulate with any lower level nursing program or only with specific ones?

If the faculty decides that the program will articulate with <u>any</u> lower level program, then the faculty accepts the assumption that there is a general body of lower level knowledge.

(2) If the faculty decides that the program will articulate with <u>specific</u> lower level programs, then the following questions must also be answered:

   (a) how can graduates of other programs be admitted to study?

   (b) what measures must be taken to provide equivalent basis for graduates of other programs?

If the applicants have graduated from a number of different lower level programs, then the faculty must review the objectives, content, teaching and evaluation methods of these various programs. This is a time-consuming task. Faculty must also determine if prerequisites must be learned in a formal classroom setting or through a non-traditional mechanism. The trend is to document previous learning regardless of how and when the content was assimilated.

The next obvious question for faculty to address is what methods will be used to document whether the applicants actually possess the necessary knowledge and skills. One selection criterion is that the candidate must hold a license to practice, either as LPN or RN depending upon the type of program. However, other criteria should be based on the program goals translated into knowledge, behaviors and values needed by the graduate. Previous academic records provide a good prediction of an individual's performance on a higher academic level. In addition to assessing cognitive ability, the receiving faculty must also examine cognitive components and nursing performance abilities which have been identified as prerequisites for entry into the program. Validation methods may include teacher-made written examinations and actual or simulated clinical performance examinations, and national standardized tests such as those available through NLN, and Regents External Degree Nursing Examinations. Validation methods must be selected with care to accurately determine if program applicants possess those cognitive and psychomotor abilities identified as prerequisite by the faculty.

Written policies should be established regarding eligibility to take validation examinations, number of opportunities allowed to pass the tests, amount of preparation material provided applicants, scores for satisfactory completion, and amount of credit awarded. Also, counseling must be provided for those students in need of remedial work or referral to other programs. When developing this type of program, adequate planning time is essential because of the many questions which must be addressed.

PATTERN II: Advanced Placement Programs

The majority of New York State programs implementing the open curriculum concept in nursing education are in this pattern, Advanced Placement Programs, which allows for advancement from one type of nursing program to another. This is accomplished by providing for transfer of college credit and performance on proficiency examinations. Students in at least 15 of the 63 LPN programs in the State take college courses which are transferable if the graduates of these programs continue their education in a professional school of nursing.

The Commissioner's regulations further state:

> The institution shall assure that credit is granted only to students who have achieved the stated objectives of each credit-bearing learning activity. (New York: Rules, 47)

This means that the nursing faculty is free to utilize any appropriate assessment techniques to determine the applicant's knowledge and skills. Although many educators agree that learning can occur in a variety of settings and under various conditions, they do not yet have means to obtain the evidence that such learning has actually taken place.

Probably the most pervasive obstacles to clinical evaluation are the negative attitudes that exist in relation to any type of evaluation process. These negative attitudes lead to impressions that evaluation is too costly, too time-consuming, yields no tangible outcomes, is not valid or reliable, and does nothing but create anxiety in the one being evaluated, and sometimes in the evaluator.

In 1970, Faye Abdellah reviewed 175 research studies in nursing conducted during the years from 1955 through 1968. She concluded that "the lack of agreed-on goals in nursing was the key problem encountered in trying to define standards against which to evaluate performance" (Friery, 138). According to Catherine Friery, the learnings acquired by applicants who enter a program at an advanced level will be different in many respects from those of the regularly enrolled students because these applicants will have had different experiences and influences forming their values and skills (Friery, 134). Consequently, faculty in each program must identify those aspects of learning that they believe to be most essential, and carefully design an evaluation program to assess the attainment by students seeking advanced placement. In addition to knowing how the applicants seeking advanced placement stand in comparison to basic students, it is also necessary to find out how much the applicants know about nursing and how much intellectual ability they possess.

Advanced placement is granted in several ways. Transfer credits may be awarded for equivalent courses in arts and sciences and nursing earned at a regionally accredited collegiate institution. Credit may also be given for successful completion of proficiency examinations such as those mentioned earlier. The psychometric and content experts of all testing agencies are available to assist faculty to determine which examinations evaluate which student competencies and to suggest appropriate minimum scores indicative of successful completion and equivalent worth in terms of credit. Credit for the clinical competency aspect of nursing courses may be granted if the student is successful on a performance examination in an actual or simulated clinical setting, or after a required number of planned observations in clinical practice. Faculty may seek permission to utilize a performance examination developed by faculty of another similar institution, or perhaps the Clinical Performance Nursing Examination developed

by the faculty of the Regents External Degree Program.

In addition to evaluation methods, faculty planning an advanced placement program must answer some additional questions, for example:

> Do students from the same lower level program advance to the same position in the receiving institution?
>
> Are there remedial programs and facilities to meet the needs of those students who do not initially meet the expectations of the faculty?
>
> At what point do these applicants actually matriculate into the nursing major?
>
> What content should be included in transition courses to meet the needs of students entering from diverse educational backgrounds?

The answers to these questions, of course, are related to the philosophy and goals of the program and to objectives at each level within and at the end of the program.

PATTERN III: Multiple Entry-Exit Model

The multiple entry-exit model which permits students to prepare for entrance into or exit from different phases of the nursing program is the third curriculum pattern. Here students are accepted into a program with the intention they will complete the two-year academic program and be eligible for the RN licensure examination. However, at the end of the first academic year, students in this pattern are eligible to take the LPN examination. This enables students to work as LPNs while completing the program. Or, for students who must leave the program for full-time employment, this allows flexibility for them to return at some future time to complete their nursing program. Upon entrance to such multiple entry-exit programs, students from LPN programs have the opportunity for advanced placement in the program.

There are no four-year baccalaureate programs in New York State which have been designed according to this career ladder concept. Commissioner's regulations especially pertinent to this curriculum design include:

(1) "The practical nursing curriculum offered by a college shall be a minimum of two semesters or the equivalent in length"; and

(2) "The program leading to an associate degree with a major in nursing shall include a minimum of 30 semester hours or the equivalent in nursing." (New York: Rules, 50)

Faculty designing this type of curricular approach must believe that learning at one level is foundational for the higher level. Barbara Stevens has identified two ways in which curriculum frameworks are often organized (Stevens, 700). One is based on the idea of prerequisites, while the other organizes two curriculums according to one solidifying theme.

Prerequisites involve the idea of building upon previously learned content, with lower level learning prerequisite to higher level. Faculty holding this belief must answer the following questions:

(1) How do we determine knowledge, behavior and skills required at each level?

(2) Which courses are prerequisite or corequisite to upper level courses?

(3) How many graduates of other programs advance into this program?

On the other hand, the same themes approach to curriculum organization means that two levels of curriculum are based on the same model, only one is more advanced. While this approach has fewer limitations than the building on method, it still presents problems. Faculty must answer the following questions:

(1) Do the different levels have the same program goals?

(2) How do you adapt lower level program goals to higher level?

(3) Can one theoretical basis of nursing be adapted to two program levels?

The themes approach does have a distinct advantage in that one theme builds one common image which fosters role description of the graduate to facilitate appropriate placement by nursing service.

PATTERN IV: Assessment Program

The fourth upward mobility pattern is based totally on assessment of the candidate's knowledge and competency. This approach is exemplified by the New York Regents External Degree Programs in Nursing at the ADN and BSN levels. Candidates meet the degree requirements by transferring credit earned at regionally accredited colleges/universities and/or through successful completion of proficiency examinations.

The same standards are applied to this non-conventional program as are applied to all nursing programs. The Regulations of the Commissioner of Education state,

> A semester hour of credit may be granted by an institution for fewer hours of instruction and study than those specified in Section 50.1 only
>
> (1) when approved by the Commissioner as part of a registered curriculum or
>
> (2) when the Commissioner has granted prior approval for the institution to maintain a statement of academic standards that defines the considerations which establish equivalency of instruction and study and such statement has been adopted by the institution. (New York: Rules, 47)

The Regents External Degree Program has established appropriate passing scores of all examinations and assigned credit according to equivalent coursework in conventional institutions. To accomplish this it was necessary to define academic standards to establish equivalency because no instruction per se occurs in the program and study time varies as students apply to take the examinations when they feel prepared. The program utilizes criterion-referenced nursing examinations to yield measurements that are directly interpretable in terms of specific performance standards established by the faculty. Some of the questions which faculty designing this program had to answer included:

(1) What knowledge, behaviors and skills are absolutely essential at each program level?

(2) What evaluation techniques will be used to document attainment of identified competencies?

(3) What is the basis for determining the passing score and thus for awarding or denying credit?

(4) Should there be a limit on the number of times examinations may be taken?

(5) What examinations may be waived based on successfully completed equivalent coursework?

Since the faculty members of this program are also faculty of conventional programs, the advances made in the area of assessment techniques and process have benefited conventional programs as well and, therefore, nursing education in general.

In the four upward mobility patterns described, a variety of decisions relative to students must be made by program directors and faculty. To make the best-informed decisions, the evaluation and testing measures should be chosen to obtain the most dependable information possible on the most important predetermined questions. To accomplish this, behavioral outcomes of the program must be carefully defined, and the relative importance of each one must be determined to design an adequate evaluation program. The types of information needed to assess the student's degree of attainment of each behavioral outcome must be identified and appropriate methods for obtaining the information selected.

General Articulation Process

A general process of articulation was developed by the Metro Area Nursing Education Consortium (MANEC) in Minnesota and presented in September 1981 at a conference of nursing education conducted by the State University of New York (McKee-Johnson). In this section the process is summarized and the reader will discover that the findings are similar to those of other consortiums reported in the literature. Originally, this special project grant was awarded to institutions to develop and implement a nursing curriculum which would improve methods of assessment and evaluation to meet the educational

needs of mobility students. According to MANEC's findings, faculty must consider and agree on:

Steps of the Process

Step 1: State competencies for graduates of each type program and "level" competencies within programs to identify appropriate advanced placement points. Critical Incident studies.

Step 2: Conduct curriculum comparison of written program/course/unit objectives.

COMMON CONTENT

Step 3: Achieve faculty agreement on Assessment System (criteria for evaluation, passing scores, summative vs. formative evaluation, etc.)

Step 4: Establish mechanism for inter-program curriculum review and revision. (Joint Committee)

Step 5: Formalize with written articulation agreements.

DIFFERENCES IN CONTENT

Step 6: Develop "transition" course to teach content presented in earlier level.

Step 7: Teach new content. Consider:

1. Producing graduates with same competencies as basic program.
2. "Mix" of students in collegiate setting.
3. Cost-effectiveness.
4. LPN to RN) Role
   RN to BSN) transition

1) What is to be taught: (content)

2) How is it taught? (process need not be identical)

3) How learning is evaluated?

4) What are graduate competencies?

Program Notes

A: Flexibility Within Program: In addition to the open curriculum structures identified, some schools offer flexibility within their programs. Increasingly, schools offer programs which may be completed, totally or partially, on a part-time basis. Others offer weekend and evening options for class and clinical study. Basic daytime programs, requiring two or four years of full-time study, may be available on a flexible schedule and completed within three or six years respectively. Open learning methods utilizing contract learning, modular instruction, computer-assisted learning and other independent study methods individualize instruction and allow students to progress at their own rate.

B: Regulations and Quality Standards of Programs: Regulations of the Commissioner of Education set quality standards for all post-secondary degree-bearing or license-granting curricula. For the most part these standards are set forth in general terms and allow for waiver of individual requirements with prior approval. This then allows for flexibility in special situations and permits experimentation with new modes of instruction and curricula.

Those of us on the nursing education staff encourage faculty to submit proposals that include innovative approaches to learning and to the evaluation of program quality. The staff will review proposals and waive registration requirements under Part 52 for an experimental period of three years, provided the following two conditions are met:

(1) each proposal must contain a detailed statement of the methods of assuring quality that will be substituted for provisions of Part 52, and

(2) each proposal must contain a plan for internal evaluation of the experiment. (New York: Innovation)

Conclusion

NYS Commissioner of Education, Gordon Ambach, in a recent article, wrote:

> The most difficult task in any construction project is to assure that the connections among members of the structure are solid. (Ambach)

So it is with the structure of nursing education. Learning is a continuous process and unless we, nurse educators, assure solid connections among the different levels of study and institutions, even the best of our efforts will be incomplete and ineffective. Information sharing, such as that from this report and the conference which promoted it, is a key factor in facilitating movement of educationally mobile students.

Educational mobility is, and will continue to be, a necessity to broaden the knowledge base of nurses and to meet the challenges of providing humanistic nursing care in all segments of our highly technological society.

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An Innovative Approach to Secondary-Postsecondary Nursing Education
The Progressive Track

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In September 1980 St. Lawrence County of rural northern New York implemented a new approach to nursing education. The new approach is a form of articulation between a secondary LPN program and a postsecondary RN program. The St. Lawrence-Lewis Board of Cooperative Educational Services (BOCES) operates the secondary program, while the State University of New York Agriculture and Technical College (ATC) operates the RN program. This paper will address:

(a) the philosophy of the nursing faculties,

(b) the nursing coursework agreed upon by the faculties,

(c) the adaptations for flexible learning opportunities, and

(d) a summary of the effective versus non-productive processes involved.

Area Demographics

One's philosophical attitudes toward education are generally influenced by the social, economic and political structure of the area. To better understand the shared philosophy of the faculties, a brief description of St. Lawrence County follows. St. Lawrence County is located on the Canadian border that is formed by the St. Lawrence River. The center of the County is approximately 150 miles north of the city of Syracuse. It has approximately 2,767 square miles and is the largest county in New York State. Statistical data of 1979 indicated a total population of 119,434. In 1980, per capita income in St. Lawrence County was $6,115 compared to a statewide average of $9,106. In terms of the employing health facilities, there are five general hospitals, one psychiatric center and eight nursing homes. In all 14 facilities, there is a total bed capacity of 3,065. There is a continuing need for up-to-date health care in the area, a need to produce nurses qualified for the job who are willing to work in St. Lawrence County. In 1980, a placement study was conducted on LPN program completers. Survey results showed a 58% response rate. Of those respondents:

75% were employed within St. Lawrence County

24% were enrolled in higher nursing education

9% held the RN job title

21% were unemployed

58% were employed full time

21% were employed part time

Clearly, the percentages indicated that a majority chose to remain in the area. Also this emphasized the need to provide students with better, more flexible, more affordable career options. Articulation had thus become a major goal of education in the area. St. Lawrence County has been a center of higher education in northern New York since the mid-19th century. Today, the early academies and rural schools have been absorbed into 19 consolidated public school districts. Other educational agencies include a liberal arts college, a technological college, two colleges of the SUNY system, two church-related colleges and three BOCES area occupational centers for technical and vocational training.

A Shared Philosophy

The first RN class to graduate was 1968, and the first LPN class of BOCES graduated in 1973. Since the beginning both educational agencies have shared a true commitment to the career ladder concept. The college emphasizes specialized career-oriented instruction and offers new programs to meet the needs of society. BOCES believes in providing an optimal learning environment for all students both traditional and non-traditional. Together, they believe in providing knowledge adequate to all students to pursue further training and/or progress satisfactorily in their career areas. This shared philosophy and flexibility paved the way for the nursing articulation in St. Lawrence County.

> ". . . education is a purposeful activity that builds on previous experience and learnings; further, all learning begins at one's level of achievement and needs."

The nursing faculty involved in the progressive approach to nursing education believes that education is a purposeful activity that builds on previous experience and learning; further, all learning begins at one's level of achievement and needs. They also believe there is a core of knowledge, skills

and attitudes in all levels of nursing practice. Today's consumers dictate the future health needs of society. Effective health care providers for consumers must be supplied by today's educational systems. Therefore, in order to respond to individual learning needs, as well as these consumer needs, a progressive pattern of nursing education for upward mobility was developed.

This faculty philosophy reflects a commitment to the mobility concept. The need for non-traditional approaches and recognition of previous learning experiences were identified as essentials. In response to these two basic assumptions, a model program was designed which permitted progression on an open style curriculum.

The Curriculum

Basic to any articulation practice is the identification of commonalities which exist between programs. In the secondary BOCES/postsecondary ATC nursing programs, it was already recognized that certain aspects of education and training were repetitious; therefore, duplicative and costly. Since the contracting clinical facilities are shared by both programs, the process of comparing the clinical components of the curricula was simplified. Major emphasis was placed on an analysis of the theoretical components. For the purpose of assuring real success, a specific plan was formulated involving four steps. They were:

1. Identification of broad goals; for example, to reduce unnecessary duplication of course content in the various levels of nursing programs.

2. Identification of the various groups, organizations and agencies involved in meeting the goals; for example, members of the advisory councils from both educational agencies who served as consultants for project planning.

3. Identification of specific issues, questions and obstacles that related to each of the goals; for example, the scheduling of coursework that would meet student needs for simultaneous occurrences like high school graduation, LPN and RN state board validation and associate degree requirements.

4. Approval of the operational plan by the State Education Department to accomplish the above.

During the project planning year 1979-80, joint faculty meetings were conducted for the purpose of curriculum exploration and modification. The following section is a description of the nursing theory in the progressive track. Students in this track are also completing high school graduation requirements, as well as the college course requirements for the Associate in Applied Sciences (AAS) degree. This progressive track was envisioned as a six-semester system with two summer sessions of clinical work: one three-week session between the second and third semesters, and the other three-week session between the fourth and fifth semesters. The semester lengths vary according to the academic setting (whether it is secondary or postsecondary), but they average between 15 and 18 weeks. Initially, the nursing coursework at both levels was dissected and scrutinized in order to

1. identify the duplicated areas

2. delete unnecessary duplication

3. rearrange coursework in a sequence that would permit validation for PN boards upon completion of the fourth semester

4. identify appropriate points in the track where it could be determined whether learners had met the specific competencies that would allow progression to the next semester.

The faculties believed it was insufficient to merely compare curricula at the two levels, and therefore, set out to determine accurately what content was required for learners to achieve advancement. In the first semester at BOCES (see chart next page) eleventh grade students begin by taking the following courses concurrently: interpersonal relationships, integrated biological science and med/surg conditions Part I, nutrition, pharmacology and nursing fundamentals Part I. Upon successful completion of the first semester coursework, students advance to the second semester for Part II of the integrated science and nursing course, Part II of nursing fundamentals and human growth and development. Following the first two semesters and one summer session, students have completed 300 hours of nursing theory, 250 hours of clinical experience at the PN level and all high school graduation requirements. During the third semester, twelfth graders study maternal/child health nursing, nursing fundamentals

Part III. Upon completion of the third semester, students receive 8 credits for college Nursing I based on proficiency met from previous coursework at the PN level. During the fourth semester students are enrolled in college Nursing II which includes psychiatric nursing, gerontology and geriatrics with approximately 30 hours of medical and surgical problems in nursing. In order to be validated for LPN exam, the progressive track students return to the secondary school setting for pediatrics, emergency nursing and the second clinical summer session. Upon completion of four semesters and two summer sessions, students have completed 500 hours of nursing theory at the LPN level, Nursing I and II at the RN level and a total of 700 clinical hours at a combined LPN/RN level.

Following graduation from high school and the LPN program, students advance to the fifth semester

SUGGESTED SCHEDULE

9th Grade	10th Grade
English	English
Language	Language
Social Studies	Social Studies
Science	Biology
Algebra	Geometry
P.E.	P.E.

11th Grade
(1st and 2nd Semesters)

Home School	BOCES
Health	LPN 1
English	Clinic L
Social Studies	(2 da/wk)
Chemistry	P.E.

Three-week summer session

12th Grade
(3rd semester)

BOCES in AM	ATC in PM
LPN II	Orientation to Nursing 1 cr
Clinic II	
(3 da/wk)	English - 3 cr
	Anatomy & Physiology I 4 cr
	Psychology - 3 cr
	Physical Educ. - 1 cr

4th Semester at ATC

Anatomy and Physiology II - 4 cr
Human Development - 3 cr
Nursing II - 8 cr

High school graduation
3-week summer session
LPN State Board Exam

Post-Secondary - ATC

(5th Semester)

Sociology - 3 cr	Nursing IV-11 cr
Microbiology - 4 cr	English II- 3 cr
Nursing III - 11 cr	

ATC Graduation
RN State Board Exam

on the ATC campus. During the fifth and sixth semesters students take Nursing III and IV consisting of complex/acute medical and surgical problems encountered in all age groups. Concurrently, students gain 384 more hours of appropriate clinical experiences to supplement their educational background for RN practice. Graduates of the progressive track nursing program complete the AAS degree nursing requirements one year after high school graduation. They have accumulated credits representing 37 hours in nursing, 27 hours in arts and sciences, one hour in physical education and, approximately, 1100 hours of clinical experience. One of the major strengths of the progressive track is the additional hours which are gained in the clinical practicum. The traditional track ADN graduate completes the basic nursing program with approximately 650-700 hours of clinical experience. The progressive track LPN/RN graduate will accrue approximately 1100 clinical hours. One of the major goals of the progressive track is to preserve/protect the clinical component of basic nursing education.

Adaptation for Flexible Learning Opportunities

The selection of nursing theory was not the only consideration in planning the progressive track. When reference is made to adaptation/adjustment for flexible learning opportunities, the question comes to mind, whose adjustment--students or faculty? It appears that students, perhaps out of a desire to learn, are head and shoulders above their teachers when it comes to adjusting to change.

> "NURSING TEACHERS APPEAR FAR MORE RESISTANT TO CHANGE THAN THEIR STUDENTS."

In this project plan, some of the areas addressed to help students in the transition from high school to college level and from student LPN to student RN level, were stress recognition and management, time management, values clarification, support mechanisms and educational political systems. Some of the activities conducted when addressing the above areas were workshops, informationals, group sessions and individual counseling. Close contact and open communication was maintained among home school administration and guidance, parents, vocational school guidance and nursing faculty, college advisors and nursing faculty. There was so much attention given to the student's transition process that one student at the beginning of the fourth semester asked, "Is there something I've missed recognizing--I don't seem to feel any stress and I think I'm supposed to."

In retrospect, everyone involved might have benefitted more if, when planning ways of adapting to flexible learning opportunities, teachers had been considered first. Nursing

teachers appear far more resistant to change than their students. Perhaps their educational backgrounds have caused them to be less flexible and to prefer a structured setting such as that found in a traditional nursing program. As a result, nursing teachers may feel threatened when confronted with untried and unproven innovative learning opportunities and options. The old accepted pattern which has worked for decades is much more comfortable. For a more effective adjustment to flexible learning opportunities, it is suggested that activities be planned and conducted to include the teachers as well as the students.

Effective Processes vs. Non-Productive Processes

The final section of this paper deals with the development of processes necessary for the various phases of the pilot project, whether or not they were effective and if they were non-productive, the reasons why. A summary of the processes developed is as follows:

1. the overall planning year including the search for a project coordinator.
2. curriculum exploration and revision.
3. implementation of curricular modifications.
4. planning for student transition.
5. transportation and scheduling.
6. final evaluation of the pilot project.

Although the preliminary planning was a gradual process evolving over a period of about eight years, the specific blueprint was developed during the 1979-80 year. The VEA-funded project granted approval for employment of a project coordinator, conduction of research activities into curricular content, program redesign, implementation of activities and implementation of the pilot project itself. In terms of the project coordinator, it was originally intended that an outside person would be employed. However, a long and fruitless search proved this idea to be non-productive. It was difficult to locate an individual who could be available for a year of planning and also someone who was familiar with the project background. It was deemed more acceptable to release a staff member to assume the position of project coordinator. The advantage to this was no orientation required by the individual for familiarization of the area, the programs or the facilities.

Generally, the project operation was planned to include the appointment of an ad hoc advisory council, arrangement for joint nursing staff meetings, preparation for publicity, development of information for use by the home schools, guidance counselors, parents and students and finally, the submission of on-going written reports to the project Director and the State Board of Nursing. The overall effectiveness of the project operation was attributed to the fact that the project coordinator, who served as liaison person, was familiar with all aspects of the project, and that administrators from both educational agencies were committed to articulation and, most importantly, that open lines of communication were maintained. The processes of curriculum revision and implementation of the curricular modifications were effective because the following mechanisms existed:

1. There had been an 8-year desire to investigate the entire process with the intention of instituting articulation to satisfy student and area needs.

2. There was a cooperative spirit among administrators and the nursing department heads were committed to articulation.

3. There was a good rapport among the faculty members pursuing the primary goal, that is, the education of nurses.

4. The educational and clinical agencies serve the same geographic area and population.

5. The teaching staff was willing to cooperate.

6. Members of the advisory councils held dual membership for both educational agencies.

7. Support and encouragement at the state level had been on-going.

Whatever faculty resistance was experienced, occurred because there was

1. concern for maintaining standards in order to meet the criteria for NLN accreditation.

2. disagreement on the method utilized to measure proficiency levels.

3. personal belief that the secondary student lacks sufficient maturity to cope with the rigors of such a demanding program.

4. lack of understanding and knowledge about each other's programs.

Because so much concern was expressed for the student in transition from the LPN to RN level, planning for the transitional process was carefully arranged to prepare students with ways to develop coping skills for potential problematic areas. Some of the mechanisms employed for this process were previously mentioned, e.g., group sessions for teaching stress recognition and management. These activities were highly effective in the promotion of an internal group support system to aid and encourage each other.

The least productive process encountered was the method of transportation for the students in the twelfth grade. Written into the approved project was a stipulation that the college would be responsible for transporting the students during the third semester from BOCES to the ATC campus and home. Due to the various home locations throughout the rural county, the cost and mode of transportation became a most non-productive process. Slight home school problems surfaced when some smaller schools experienced difficulty in scheduling such courses as the required Health; also, some schools voiced concern about waiving senior social studies for college psychology and accepting college English in lieu of the required high school English. One alternative to scheduling during the academic year would be meeting requirements with summer school coursework; however, the required LPN summer school clinic would not permit that option. Another alternative is the achievement of English credit through the College Proficiency Examination (CPE).

The final process of the project involves evaluation. This phase is scheduled for January 1984 with a survey of the employers of the progressive track graduates. The students enrolled in the pilot project are scheduled to graduate in May 1983 and sit for the RN state boards in July 1983. As of this date, the test group is in the final weeks of the fourth semester. Five of the seven are on the dean's list and it is anticipated that all will achieve success.

Summary

The progressive track has been cost-effective in terms of time, effort and tuition. More importantly, the progressive track program is providing highly motivated, academically oriented students with a more affordable career option.

Educational alternatives to meet changing learner needs are in demand. Career ladder programs, showing flexibility and built-in mechanisms for permitting change, stand a much better chance for survival in the future than the traditional career program approached under which nursing education has functioned for decades. The process of change in our society is on-going. In today's world the speed and process of change increase daily. In nursing education everyone in a position to effectively facilitate planned change is considered a change agent. Therefore, the progressive track in nursing education is one plan to help meet nursing demands in our changing society.

"THE PROGRESSIVE TRACK IN NURSING EDUCATION IS ONE PLAN TO HELP MEET NURSING DEMANDS IN OUR CHANGING SOCIETY."

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Being Articulate About Articulation

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In an article on nursing program articulation, Barbara Stevens wrote: "Whether one 'articulates' or 'disarticulates,' (one) cannot afford to be inarticulate about that decision" (Stevens, 1981, p. 706). This paper will articulate what we in Jamestown, New York, did in order to bring about an articulation between two Licensed Practical Nursing Programs (LPN)--one at the Board of Education in Jamestown, New York and the other at St. Francis Hospital in Olean, New York, and an Associate Degree Nursing Program (ADN) at Jamestown Community College (JCC).

Although the articulation was only approved by the State Education Department in January 1980, JCC has long accepted credit for the College Proficiency Examination (CPE) in Fundamentals of Nursing. Additionally, a Fundamentals Skills examination administered on campus has been accepted as an alternative to JCC's Fundamentals of Nursing course. Over 10 years of positive experience with this alternative route has conditioned nursing faculty to accept the feasibility of examining other possible alternatives to the remaining traditional courses.

". . . FACULTY HAVE COMMITTED THEMSELVES TO A POLICY OF ASSESSING PRIOR LEARNING AND GIVING CREDIT . . ."

Although the Nursing Division at JCC has a well thought out and clearly stated philosophy of nursing, the articulation program actually is based on a particular educational philosophy. The nursing faculty, like the other faculty at the college, are committed to meeting the various learning needs of students who apply at the college. The college faculty have committed themselves to a policy of assessing prior learning and giving credit for learning acquired through a variety of experiences in a variety of settings. Lifelong learning is a prevailing attitude at JCC. Both faculty and administration take their middle name very seriously--we are a community college, and, therefore, we are responsive to our community and its educational needs. Although the State University of New York (SUNY) has changed its motto, JCC still tends to function according to the old motto: "Let Each Become All That He Is Capable of Being."

These are the general and group perceptions of the educational philosophy behind JCC's articulation program, but also an expression of a personal philosophical attitude seems appropriate at this point. During initial and tentative efforts by the Jamestown's Board of Education LPN faculty to explore articulation with JCC, this author was adamantly opposed. Later, I learned of a study which compared LPN students with ADN students. The study revealed no significant differences on a number of variables, e.g., intelligence, educational background and social background. Only one significant difference existed and that was in how students perceive themselves. The LPN student did not perceive him/herself as a college student. This finding made it impossible for me to continue my opposition to articulation. For, if our students were so similar, then it seemed to me only logical to find ways to ease and facilitate the entry of LPNs into the ADN program.

". . . HAS BEEN A LACK OF PLANNED EDUCATIONAL PROGRAMS FOR MOVING THROUGH LEVELS OR STAGES OF NURSING."

For a long time an educational career ladder has been deficient in American nursing. There has been a lack of planned educational programs for moving individuals up through the levels or stages of nursing. One example of this "non-system" was described in the report of a developmental program supported by the W. K. Kellogg Foundation and conducted in Long Beach, Orange County, California.

> To summarize, the education pattern for Orange County nurses required six years of college study to progress from LPN through Registered Science in Nursing (BSN)--an average excess of two years of college study, or 33-1/3%. (Wallace, p. 337).

The JCC Nursing Faculty sought to expand the ways in which applicants with prior nursing knowledge could progress more rapidly through the JCC Nursing Program. In considering possible alternatives to existing methods of entry, the following criteria were accepted as necessary:

Any Plan Would:

1. Be educationally sound in order to:

    a. meet student's educational needs and enhance individualization of instruction.

b. allow student to demonstrate prior knowledge and give credit for life experience.

c. certify student for graduation and prepare student for R.N. licensing examination.

2. Be flexible enough to be responsive to changes in community, sponsoring institutions and state and national requirements.

3. Enable the Nursing Division and the College to adapt to changing philosophies of Nursing Education.

4. Be financially sound and fiscally responsible.

For approximately two years, cooperation and dialogues between the Nursing Division at JCC and the faculty of the LPN Program at Jamestown High School increased. Beginning in March 1979, Nursing Faculty and members of the JCC administration seriously began to explore the possibility of articulation with the faculties of the LPN Program at Jamestown High School and St. Francis Hospital in Olean, New York. Several meetings with faculty and administrators raised the question of credit for Anatomy and Physiology earned in the LPN programs. Consultation and research by the JCC Biology faculty resulted in the proposal to use the New York State CPE in Anatomy and Physiology and a JCC Human Physiology course as an alternative to the existing two semester courses (8 credits).

The final articulation agreement emerged as strong and viable because of two main factors:

1. Thoughtful and careful consideration put into the development of the articulation plan.

2. Consultation with and/or suggestions given by JCC's Nursing faculty, Nursing Administration, Biology Faculty, College Faculty, Curriculum Committee, Academic and Administrative Councils, plus the faculties of the two LPN programs.

In order to work out an articulation program, our experience suggests that certain factors are essential:

1. The program must be planned for and be specific to the community involved. Those who will participate must have a part in the planning and the final outcome of the articulation.

2. A reservoir of patience, good will, openness, trust and perseverance must be maintained. It is easy to become angry or discouraged, but considerate persistence is required.

3. Participants must recognize and accept the importance of the political implications of their decisions. Key people in the various constituencies must be consulted and they must "buy" into the concept. Remember the list of groups we consulted.

4. An understanding of group process and personal interactions helps ease the group through difficult periods. We had a member of the College's Counseling staff who acted as facilitator during many group discussions.

5. At least one person should be responsible for keeping the project on course, e.g., keeping track of deadlines, setting up meetings with various constituencies and recording and distributing group decisions and suggestions for changes in the plans.

This author believes the focus on students and concern for their learning enabled JCC to effect an articulation agreement. When we, as a group, looked less at nursing and nursing education and more at student needs, our areas of disagreement become resolvable.

Currently, we are in the second phase of articulation, the long, steady grind of implementation. There are still problems to resolve, but we are able to agree with the philosophy reflected in the Kellogg Long Beach California Nursing Consortium Report which stated: "You can get there from here."

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LPN to RN in One Year:

An Associate Degree Program

HELENE FULD SCHOOL OF NURSING
New York City

by Margaret Elder Wines
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History

When Helene Fuld School of Nursing first initiated the career-ladder program for Licensed Practical Nurses (LPN), the program met with skepticism and criticism. Nursing educators and professional nurses said that practical nursing (PN) education was terminal and one could not and should not try to build upon it. Despite this initial controversy in 1964, the staff at Helene Fuld for the past eighteen years have been successfully preparing LPNs for RN licensure.

> Helene Fuld School of Nursing was the first school in the country to design a career ladder program only for LPNs and to prove that articulation between PN and RN education is possible and desirable.

Helene Fuld School of Nursing was the first school in the country to design a career ladder program only for LPNs and to prove that articulation between PN and RN education is possible and desirable. The school began in 1945 as a practical nursing program run by the Hospital for Joint Diseases and Medical Center, located in East Harlem, a low socioeconomic community. Then many of the graduates were employed by the hospital. In 1964, when the hospital had a desperate need for registered nurses, the Director of Nursing, Justine Hannan, realizing the potential of many of the LPNs, designed a fifteen-month RN diploma program for motivated, experienced LPNs.

For the first few years the program was provisionally registered by the State Education Department. The program was evaluated, revised, and then fully registered in 1968. In 1970 it was accredited by the National League for Nursing (NLN). By 1971 the program was reduced to one year (47 weeks) as had been originally planned (Ahl, 143-151).

When the New York State Board of Regents resolved to permit hospital schools to apply for associate degree (AD) granting privileges, Helene Fuld School of Nursing applied immediately. The Director, at this time, Mary Ahl Heugel, and the faculty developed the AD program. In 1975 the school received a permanent charter from the Board of Regents of the University of the State of New York authorizing the school to grant the Associate in Applied Science (AAS) degree. Helene Fuld School of Nursing was one of the first two hospital-based schools to be given such authority by the State of New York. Again, the idea of an AD hospital-based program met with criticism and controversy.

The NLN, which had accredited the PN and diploma RN programs, did not have a mechanism for accrediting a hospital-based AD program. Not until 1981, under the NLN's project to study the feasibility of accrediting non-traditional, single-purpose schools, was Helene Fuld School of Nursing visited and fully accredited for the maximum time of eight years by the Council of Associate Degree Programs (ADN). Helene Fuld School of Nursing is now one of six hospital-based AD programs in New York State, and the first to be accredited by the NLN.

Philosophy

The philosophy of Helene Fuld School of Nursing reflects the beliefs of the faculty in relation to nursing and nursing education and is stated in the following three sub-sections.

Nursing

> ". . . nursing is a creative use of knowledge directed in a purposeful way . . ."

The faculty belief that nursing is a creative use of knowledge directed in a purposeful way to assist persons with the changes, normal and stressed, experienced in the natural life cycle. Health, a dynamic in the life cycle, exists on a continuum from low to high levels of wellness. It is influenced by the individual's cultural beliefs, and the ability to adapt to external and internal stress. Nursing includes the following: assistance in the support, maintenance and restoration of the individual's equilibrium through his/her adaptation to stress; therapeutic communication and emotional support; and health teaching.

Nursing Education

The faculty believe all persons are entitled to optimum health care, and, further, this is a basic human right which

should become one of our nation's high-priority goals. We believe nursing is essential to the health delivery system in achieving this goal. Since modern nursing encompasses an increasingly broad range of knowledge and skills, it can best fulfill its obligations to society by preparing different levels of nursing, ranging from the licensed practical nurse to the doctorally prepared nurse. We believe the baccalaureate degree in nursing serves as entry for the professional level of nursing practice. The AD nurse is prepared to perform nursing actions based on established nursing protocol and criteria, in a structured health care system under the guidance of, or in cooperation with, the experienced professional nurse. Furthermore, we believe knowledge acquired by the LPN is basic to all nursing. When verified by licensure and expanded by successful work experience, practical nursing constitutes a valid basis for awarding advanced standing to persons who wish to continue their study toward the ADN level.

Education at Helene Fuld School of Nursing

The faculty believes education is a dynamic, ongoing process which aims to stimulate intellectual curiosity and to help persons realize their full human potential. All individuals should have the opportunity to continue their education to the extent of their aspirations and abilities. Optimal learning is achieved when the environment offers mutual respect, acceptance of differences, freedom of inquiry and expression, and satisfaction of learning needs.

The AD graduate from the Helene Fuld School of Nursing possesses knowledge drawn from the physical and psychosocial sciences and the humanities. As a participating member of the health team, the graduate is able to apply this knowledge to the nursing process in the care of patients with frequently occurring health problems and predictable outcomes.

The conceptual framework for curriculum development at the Helene Fuld School of Nursing is the Systems-Developmental Stress Model (Chrisman, p. 247-266). According to this model, man is seen as a set of dynamic systems interacting within an environment and along a developmental continuum. The interacting systems of the individual are biologic, intrapersonal and interpersonal. The individual strives to maintain balance among these systems while changes, internal and external, are taking place. Change can be normal or stressed. Normal change occurs through the expected states of natural development; stressed change results from the introduction of stress, through a stressor, and the individual's adaptation to that stress. Man adapts to stress. When he adapts positively,

man's balance is maintained. When he adapts negatively, he becomes ill and may require assistance to restore his equilibrium. Stressed changes may then decrease or increase the successful functioning of the individual.

The curriculum is designed to inform the student of the biologic, intrapersonal and interpersonal systems, the normal developmental changes, and the stressed-change patterns. The interdependency of the systems and their interactions within the space-time continuum of the individual and his environment are integrated throughout the program. The concepts of the Systems-Developmental Stress Model provide direction and guidelines for the nurse when applying the nursing process to clinical practice.

The faculty see their role as that of facilitator of the learning process. The faculty believe that individual differences of the students should be considered when planning and implementing the curriculum. Each student is given the opportunity to grow in knowledge, understanding and skills through involvement in meaningful sequentially arranged learning experiences.

Furthermore, the faculty believe that, although the college is the accepted post-secondary degree-granting institution, tradition justifies the appropriateness of selected schools of nursing offering standardized academic programs in a hospital setting.

Mission and Objectives

Mission

The uniqueness of the school's mission centers in its career-ladder approach. Recognizing nursing as a multi-level career, the school directs its efforts to upgrading experienced LPNs to the ADN level in a one-year program. Students also have the option of attending part time, completing the course within two years.

Objectives of the Nursing Program

The Helene Fuld Faculty has as its shared objective the graduation of students prepared to pass the licensing examinations required by the New York State Board for Nursing and to begin practice within the context of the following three statements: Legal Definition of Nursing (New York, Sec. 6902).

Competencies of the Associate Degree Nurse on Entry into Practice as established in 1978 by the NLN (NLN, 5-11) and the Helene Fuld School of Nursing Program Objectives.

Program Objectives

Upon graduation from Helene Fuld School of Nursing the graduate is prepared to:

1. Use the nursing process within the conceptual framework to provide nursing care to individuals of all age groups.

2. Utilize principles of communication when engaging in interpersonal relationships.

3. Demonstrate clinical nursing skills based upon scientific principles.

4. Modify nursing approaches to meet the changing health and cultural needs of individual patients.

5. Manage nursing care activities for a group of patients within a structured setting.

6. Adapt to the increasing complexity of nursing responsibilities evolving from technological advances.

7. Implement teaching plans that are specific to the patient's level of development, understanding and cultural background.

8. Provide nursing care based on ethical, professional and legal principles.

9. Collaborate with other members of the health care team recognizing professional and institutional lines of authority and communication.

10. Delegate duties to other nursing personnel commensurate with their preparation and demonstrated proficiency.

11. Demonstrate responsibility to the nursing profession through continued learning.

12. Participate in efforts to effect needed improvements in the health care system.

Curriculum

Twenty-seven quarter credits (or eighteen semester credits) in nursing are given as advanced credits upon entrance to the program. The advanced credits are granted on the basis of the practical nurse license, a minimum of one-year LPN work experience, satisfactory work references, and satisfactory performance on the school-administered Practical Nursing Equivalency Test.

All general education courses are taught at the school by instructors well qualified in their fields.

The curriculum is organized on a four-quarter basis. Each quarter is eleven weeks including examinations (see next page).

The first nursing course, Medical-Surgical Nursing I, is designed to introduce students to the school's conceptual framework and the nursing process. This introduction helps students make the transition from LPN to RN.

Clinical experience in the first quarter is with chronic and terminally ill patients. Because students already have basic nursing skills, they, in caring for the chronically ill, are able to concentrate on the nursing process. Later the necessary advanced technical skills are taught in the care for the acutely ill patient.

Relative to basic nursing skills, accepted students, during the first term in the school, are given a clinical survey sheet that they complete with their clinical instructors. This form identifies students' competencies and inadequacies on selected basic nursing skills. Needed practice is provided and evaluated in the clinical area by the instructor. If, however, the experience sought after is not available in the clinical setting, the nursing laboratory is set up by the instructor for a simulated practice. Prior to the actual laboratory practice students are assigned to view audiovisual aids on the selected procedure. All student performance is evaluated according to critical elements involved in the procedure using available basic nursing skills modules as to a guide and a reference (Ellis).

The second nursing course is Psychiatric Mental Health Nursing. The faculty do not presume that students have former knowledge of psychiatric nursing because some practical nursing programs do not include it.

CURRICULUM

The curriculum of Helene Fuld School of Nursing is summarized as follows:

	Qtr. Cr.	Sem. Equiv.	Lecture Hrs.	Lab. Hrs.	Total Hrs./Wk.
Pre-Entrance					
SCI 101 Introduction to Inorganic Chem.	3	2	Self-paced		
Quarter I					
SCI 201 Anatomy & Physiology I	3	2	2	2	
NUR 221 Medical-Surgical Nursing I	6	4	4	8	
BEH 231 Introduction to Psychology	4	3	4	-	
ENG 281 English I	4	3	4	-	
	17	12	14	10	(24)
Quarter II					
SCI 202 Anatomy & Physiology II	4	3	3	2	
NUR 222 Psychiatric-Mental Health Nsg.	9	6	6	12	
BEH 232 Human Development	4	3	4	-	
	17	12	13	14	(27)
Quarter III					
SCI 203 Anatomy & Physiology III	3	2	2	2	
NUR 223 Parent-Child Health Nursing	9	6	6	12	
BEH 233 Introduction to Sociology	4	3	4	-	
	16	11	12	14	(26)
Quarter IV					
SCI 204 Microbiology	4	3	3	2	
NUR 223 Medical-Surgical Nursing II	6	4	4	8	
NUR 225 Professional Foundations	3	2	3	-	
ENG 282 English II	4	3	4	-	
	17	12	14	10	(24)
TOTAL PROGRAM	70	49			
Advance Credit*	27	18			
Credits for AAS Degree	97	67			

SUMMARY: Credits for AAS Degree

Nursing	Q. Cr.	Sem. Cr.
Adv. Cr.*	27	18
HFSN	33	22
Total	60	40
Gen. Ed. HFSN		
Biol. Sci.	17	12
Behav. Sci.	12	9
English	8	6
Total	37	27
Total Nursing	60	40
Total Gen. Ed.	37	27
	97	67

*Established by pre-admission testing

The third nursing course is Parent Child Health Nursing. The faculty expect students to have previous knowledge of the normal birth cycle and normal child development.

The fourth nursing course is Medical-Surgical Nursing II. Clinical experience includes the care of the acutely ill patient and exposure to specialty areas, i.e., ICU, CCU, OR. Integration of previous and concurrent knowledge from the other nursing courses and general education courses is expected from the students. The students' ability to synthesize learning is reflected in their application of the nursing process.

Students who have taken any of the general education courses at another college within the last five years and have received a grade of B or better may transfer the credits to Helene Fuld School of Nursing.

Admissions

The school accepts approximately 120 full-time students each year: 60 students in April and 60 in October. In addition, about 10-15 part-time students are accepted into each class.

The admission requirements for Helene Fuld School of Nursing are as follows:

- United States High School Diploma or equivalency.
- United States Citizenship or Alien Registration Number.
- Current LPN registration in a U.S. jurisdiction.
- Satisfactory performance on Practical Nursing Equivalency tests.
- Reading (12th grade) and Mathematics (9th grade) skills. (Instruments in use: Nelson-Denny and California)
- Personal suitability as determined by character references, employment references and interview.
- Absence of health problems (physical or mental) which would interfere with attainment of curriculum objectives.
- Completion of a three-credit introductory course in inorganic chemistry at the School of Nursing, or successful performance on a school-administered challenge examination.

Applicants who fulfill the above criteria are accepted into the school on a first-come first-serve basis.

Applicants who fail to meet the minimum requirements in Reading or Mathematics are referred for remediation to an outside agency or tutoring service and may retake the exams after written notification from the agency or tutors is received by the school. Helene Fuld School of Nursing offers advisement for these applicants if it is requested.

Applicants who fail the nursing test may use the Learning Center facilities and nursing laboratory to review nursing skills and knowledge prior to retesting.

Remediation Program

Malcolm-King Extension College, located in Harlem, has developed a special remedial program (SPAND) for Helene Fuld School of Nursing applicants who fail to meet the reading and mathematics entrance requirements. These applicants are informed by mail of their grades, and a flyer describing this special program is enclosed. Applicants make their own arrangements with Malcolm-King Extension College. Helene Fuld School of Nursing receives a written report regarding these students, for admission purposes. Planning meetings are held at which representatives of both schools evaluate existing plans and make recommendations for change, if necessary.

Between April 1980 and April 1982, 103 students had remediation at Malcolm-King Extension College. Sixty-four (64) have graduated and 20 are still attending part time.

Table 1 summarizes the results of the Malcolm-King Remediation Program. (see next page)

Articulation Agreement

In March 1979 Helene Fuld School of Nursing made articulation arrangements with Elizabeth Seton College to admit a select group of Practical Nursing graduating students directly into the Helene Fuld program without entrance examinations and without the one-year work experience as an LPN.

Helene Fuld School of Nursing also accepts general education credits earned at Elizabeth Seton College in English I, General Psychology, and Human Development if a C or higher has been earned. Helene Fuld School of Nursing accepts 18 semester (27 quarter) credits from the Elizabeth Seton College nursing sequence of an average of B or better has been earned along with "above average" in clinical practice. Helene Fuld

School of Nursing only considers applications processed by the Elizabeth Seton nursing department, and only those students endorsed by the department. At least 10 applicants are accepted into any one class and the students take the pre-requisite Chemistry course in Quarter I.

TABLE 1 STUDENTS WHO WERE ADMITTED TO HELENE FULD SCHOOL OF NURSING WHO WERE REMEDIATED IN READING AND MATHEMATICS AT THE MALCOLM-KING EXTENSION COLLEGE

1980-1982

Class of	Apr. 80-81	Oct. 80-81	Apr. 81-82	Oct. 81-82
Total number of students admitted to HFSN	61	72	77	77
Number of students who remediated at Malcolm-King	26	25	52	33
Reading	20	17	41	11
Mathematics	7	8	32	17
Total number graduated from HFSN	55	61	48	not yet graduated
Number of graduates who attended M-K remediation	14	16	30	-
Number of P/T students who graduated, who attended M-K remediation	-	2	2	-
Number continuing P/T who attended M-K remediation	4	3	17	-
Number of students who attended M-K remediation and withdrew from HFSN	8	6	5	-

TABLE 2 PERFORMANCE OF ELIZABETH SETON STUDENTS WHO COMPLETED HELENE FULD SCHOOL OF NURSING PROGRAM UNDER THE DIRECT ARTICULATION AGREEMENT

1979-1981

Class of	October 1979-80	October 1980-81
Number Admitted	9	8
Seton Grade Point Average range	2.79-4.00	3.05-3.63
Number Graduated	7	8
HFSN Grade Point Average range	2.11-3.54	2.33-4.16
Number of students who received Academic Distinction	5	1 (top award)
Number of students who received Clinical Recognition	1	2

Nine students were admitted in October 1979 and 7 completed the program in October 1980. Five graduated with Academic Distinction. Eight students were admitted in October 1981. One received the top academic award.

Table 2 summarizes the results of the articulation agreement with Elizabeth Seton College.

The faculty reported that Elizabeth Seton College students required more support in the clinical setting than the other students. Priority was given to these students to practice basic nursing skills whenever limitations were noted.

Arrangements were also made for additional assistance in practicing nursing skills in the class laboratory under supervision. Seton students also had access to audiovisual material and references in the Learning Center for self-help.

Nursing care plans were generally well done by the Seton students, but their limited experience was more evident in the implementation of their plans. Their lack of confidence and experience increased the time it took to care for their patients, but in no way did this decrease the quality of care given. Though they participated in conferencing, their decision-making skills and observations were more limited than those made by other students. Because of their overall performance in school the faculty believe that these students should have few problems in adjustment in a clinical setting and will compensate for their limited experience once employed.

This has been a positive experience which will continue and 11 new students were accepted into the October 1981-82 class.

Arrangement with the Union

Helene Fuld School of Nursing has a contract with the Hospital League/District 1199 Training and Upgrading Fund to reserve ten spaces in each class for students sponsored by the union. The students must meet all of the Helene Fuld School of Nursing entrance requirements. District 1199 pays all tuition costs and gives the students a stipend. This arrangement has been satisfactory and is a great help to LPN union members who want to further their careers.

Students

The students of Helene Fuld School of Nursing are all adults with previous work experience and many have family obligations. The age range is from 18-53 years. Prior to 1980 the ethnic composition of the student body was approximately one-third minorities. Since 1980 about half the students come from minority groups. Most are from the low-to-middle socioeconomic group and have difficulty interrupting work to attend school. They are therefore highly motivated to complete the program in one year. A part-time curriculum is offered to those students who must work.

Selected characteristics of the student body are summarized in Table 3. (see next page)

Faculty and Staff

The faculty and staff are all committed to the career-

ladder program and enjoy the challenge of working with motivated students who are aware of the realities of the health care system.

TABLE 3 SELECTED CHARACTERISTICS OF STUDENTS ADMITTED TO HELENE FULD SCHOOL OF NURSING

1980-1981

Date Admitted	April 1980	Oct. 1980	April 1981	Oct. 1981
Number admitted:				
Full time	61	63	70	70
Part time	-	9	9	7
Age range (years)	22-57	20-53	18-53	18-51
Mean Age	32	34	36	36
Median LPN licensing score	500	450	500	450
Median LPN experience (yrs)	5	5	3	4
Range	1-22	1-23	1-31	1-24
Ethnic Group Percentages				
Black	62	37	57	46
White	32	53	33	47
Hispanic	6	9	9	6
Marital Status: (Percentages)				
Single	36	30	42	38
Married	42	21	40	30
Separated	7	30	) 18	) 30
Divorced	15	20	)	)
				Widowed 2
Students with Children (Percentages)	50	48	52	59
Mean number of children	2.07	2.08	2.11	1.87

The faculty and staff consist of the Director and Dean; Associate Director and Associate Dean; three Nursing coordinators; six Nursing instructors; two full-time Science instructors; one full-time English instructor; one part-time

Psychology instructor; one part-time Sociology instructor; the Director of the Learning Center; a librarian; a registrar; a financial aid advisor; Student Health Coordinator; an executive secretary and a faculty secretary.

All faculty members have a minimum of a master's degree in their specialty areas and several are pursuing doctoral degrees.

Results

Prior to 1976 Helene Fuld School of Nursing awarded 281 diplomas in nursing. Since 1976, 495 students have received the AAS degree. The average attrition rate has been approximately 19% which compares favorably with other ADN programs. Most of the student withdrawals are due to academic failure resulting from financial and personal problems.

TABLE 4 STATE BOARD EXAMINATION RESULTS (FIRST TIME) FOR THE HELENE FULD SCHOOL OF NURSING GRADUATES, 1977-1981

Date Graduated	10/77	10/78	10/79	4/80	10/80	4/81
Total number taking exam	49	63	58	40	40	58
Percent passing	96	94	90	85	90	74
Mean Scores:						
Medical Nursing	536	520	520	510	498	485
Psychiatric Nursing	555	527	537	522	521	497
Obstetrical Nursing	506	499	501	479	466	438
Surgical Nursing	527	505	509	490	490	467
Pediatric Nursing	526	495	488	480	493	450

State Board examination results have been good, ranging between 74%-96% passing the first time the examination was taken. Practically all students who graduated from the program have become licensed. Table 4 summarizes State Board examination results from 1977-1981.

Six months after each graduation, follow-up questionnaires were sent to the graduates and to their supervisors. The results of the surveys disclose that all of the graduate-respondents found employment readily and that the majority were employed in the New York area in general hospitals as staff nurses. Ninety-five percent of the graduates felt that they were well prepared for their new positions. Many graduates planned to continue their education towards a baccalaureate degree.

TABLE 5 COMPOSITE OF INFORMATION OBTAINED IN FOLLOW-UP STUDIES OF GRADUATES OF THE HELENE FULD SCHOOL OF NURSING

1978-1980

	Oct. 1978 69 Grads	Oct. 1979 61 Grads	Apr. 1980 45 Grads	Oct. 1980 43 Grads
Type of Institution employed:	N=44	N=22	N=15	N=11
	%	%	%	%
General Hospital	89	86	67	81
Specialized	8	9	33	9
Skilled Nursing Facility	2	4.5	0	9
Geographic Area:	N=44	N=31	N=17	N=11
	%	%	%	%
New York	89	90	76	81
New Jersey	6	6	18	9
Other	4	3	6	9
Ratings of their preparations for employment by graduates;	N=	N=31	N=19	N=11
	%	%	%	%
Prepared	numerical information not available	100	100	90
Not Prepared		0	0	9
Satisfied with job		83	79	81
Continuing Education:	N=44	N=15	N=18	N=11
	%	%	%	%
Attending college	11	8.5	17	18
Plan to attend	68	51	77	73
No plans to attend	20	40	6	9

The majority of supervisors who responded to the survey rated the graduates between average to excellent on performance in their new positions. (See Table 6)

Financial Support

Helene Fuld School of Nursing is based in Joint Diseases North General Hospital which is now a general community hospital, the only voluntary hospital left in Harlem. Because Joint Diseases North General Hospital is struggling for its own financial survival, the school cannot depend on the hospital for financial support. The school has its own budget and meets its own expenses. The largest source of income is tuition, which is presently $4,020 for the year. The school also receives State Bundy aid, and partial tuition subsidies from the Helene Fuld Health Trust. The Health Trust has also been generous with grants for audiovisual equipment and renovations of the school building.

In the future, the school will have to find additional means of support as it would be difficult to raise tuition much higher; the students are having financial problems meeting tuition and living costs, especially now that Federal financial aid has been reduced.

Problems and Future Plans

Other than financial restraints which all schools are facing, Helene Fuld School of Nursing seems to be experiencing a change and a reduction in the LPN applicant pool. In recent years more students applying to the program require pre-admission remediation. More students choose the part-time program. Some students do not have adequate basic nursing skills, and the faculty is studying the feasibility of giving a clinical skills test before or after admission to the program. Of the 25 practical nursing schools in the area from which our students have graduated, ten have closed in the past six years. The recent trend to close PN schools will certainly have an effect on the Helene Fuld School of Nursing enrollment. If the 1985 entry-into-practice proposal becomes enacted into law, as it now reads, then a program for LPNs would be obsolete. All LPNs would be grandfathered in as associate nurses.

As long as there are LPNs who wish to advance to the RN, associate degree level Helene Fuld School of Nursing will continue to serve an important purpose in meeting their mobility needs.

TABLE 6 PERCENTAGE RATINGS OF GRADUATES BY SUPERVISORS, SIX MONTHS AFTER EMPLOYMENT, 1978-1980

Date Graduated	October 1978 39 requests N=25				October 1979 35 requests N=15				April 1980 16 requests N=12				October 1980 11 requests N=6			
	P	A	G	E	P	A	G	E	P	A	G	E	P	A	G	E**
Overall adjustment to position	0	24	40	36	0	6	34	60	0	8	58	33	0	82	0	16
Demonstrates knowledge appropriate to beginning Associate Degree graduate	4	24	44	24	0	6	53	40	0	17	50	33	0	82	0	16
Use of Nursing Process	0	36	48	16	0	33	53	13	0	25	58	17	16	82	0	0
Interpersonal Skills	0	16	40	44	0	8	45	47	3	3	47	47	0	72	22	5
Potential for professional growth	0	24	28	48	0	13	27	60	0	9	45	45	0	39	16	33

**P=Poor
A=Average
G=Good
E=Excellent

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Summary

In 1964, when it was not a popular idea, Helene Fuld School of Nursing paved the way for LPNs to advance to the RN level with a minimum of repetition. Indeed the program proved that LPN education could articulate with RN education and that career mobility is feasible. Helene Fuld School of Nursing gave the opportunity for career advancement to many LPNs who could not afford to start over in traditional RN schools. And Helene Fuld School of Nursing graduates have continued to contribute to the health care system in New York City hospitals and hospitals in several surrounding states.

Helene Fuld School of Nursing is pleased to have served the career needs of the LPN for the past 18 years and is proud to have been the first career-ladder program in the country, one of the first hospital-based associate degree granting programs, and the first hospital-based ADN program to be accredited by the NLN.

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Education Mobility in Nursing--LPN to RN

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Flexible Learning Options

Dominican has two flexible learning options leading to the Baccalaureate of Science (BSN) in Nursing.

The first, an upper division program in nursing, is designed primarily for registered nurses (RN) who are graduates of associate degree (ADN) or diploma programs. Offering the possibility for both full- and part-time study, the curriculum requires 123 credits for graduation. This program accepted its first students in January 1974, and is accredited by the National League for Nursing (NLN). Further this program was developed in direct response to community needs expressed by health agencies and personnel in Rockland County and the surrounding communities.

The second option, a generic program still being developed, accepted its first students in September 1981. This program is designed for students who wish to pursue a four-year nursing major and qualify for the New York State Board Examination for RN licensure. Students admitted to the generic program are high school graduates, graduates of licensed practical nursing (LPN) schools, other resident high school or college graduates seeking a career change, and honorably discharged veterans.

Philosophy and Theory of Nursing

To meet the changing educational needs of its community the Division of Nursing at Dominican College provides a program designed for those who seek personal growth and professional identity through education at the BSN level. In keeping with the beliefs of the college, the Nursing Division emphasizes the pursuit of truth and academic excellence, and believes the unique potential of each student should be directed toward personal fulfillment and a responsiveness to the needs of others. The program is designed for a commuting student body of RNs, LPNs, and those seeking entry into the nursing profession.

The nursing program at Dominican is promulgated on the nursing theory of Dr. Martha Rogers as stated in her text, An Introduction to the Theoretical Basis of Nursing. The

faculty believes that man, a sentient, thinking, and responsive being, is capable of promoting his own potential for growth, development and wellness. And, further, that the achievement of health requires that the individual recognize and utilize the potentials of his simultaneous interaction with his environment. The faculty also believes that the design of new strategies for comprehensive health care delivery must be given high priority in this rapidly expanding and complex society.

Therefore, the Nursing Division designed its program around a growing body of knowledge pertinent to the life processes of man in his environment. They promote the development of professional nursing leaders who will meet the humanistic needs of the individual, family and community. BSN preparation for beginning professional leadership positions has a broad focus. The professional RN must be prepared as a generalist, capable of practicing in a variety of community agencies which promote health and nursing care to people of all ages and at all socioeconomic levels.

The Division believes liberal arts education is requisite to the development of an increasing appreciation and understanding of the complexity of man. Education in the humanities, natural and social sciences provides the broad foundation upon which the specialization in nursing builds, and through which the personal life of the student is enriched.

The nursing staff believes that the BSN is the minimum level of preparation for professional practice. At this level of nursing education, synthesis of knowledge, skills and values which are vital to the practice of nursing, are achieved. As part of an open system of nursing education, BSN is differentiated from technical nursing preparation as provided in LPN, ADN and diploma programs by the nature and amount of nursing knowledge and the integration and application of a broad liberal arts foundation.

The BSN degree at Dominican College is designed specifically to provide opportunities for students to demonstrate the knowledges and skills they possess in direct care of clients. However, recognition is given to prior learnings. The educational process at the college facilitates the repatterning and reorganization of the students' cognitive, affective and psychomotor processes as they prepare for professional levels of nursing practice. Professional socialization is emphasized throughout the nursing sequence.

Adaptation for Flexible Learning Opportunities

Adaptation for flexible learning experiences is made within one recommended curriculum pattern of four years (see Table 1). This permits entry for a diverse population, including the RN, LPN and high school graduates, who are seeking a BSN. This paper will describe the upper division for RNs only.

Upper division applicants must be graduates of diploma or ADN programs and must have a cumulative index average of 2.5 (C+). Grades lower than C in natural sciences courses are not acceptable. A maximum of 70 credits will be accepted from a two-year college, and 90 credits from a four-year college. To obtain transferable nursing credits, ADN and diploma graduates must validate 22 credits of current nursing knowledge at the BSN level through challenge examinations offered at the college. An additional 8 elective credits in nursing may be transferred from ADN programs resulting in a total of 30 transferable credits in nursing. To standardize competence in written composition, and English placement examination is required prior to enrollment in upper division nursing courses.

Because our BSN program builds on foundational liberal arts courses in the natural sciences, social sciences and the humanities, we designed a curriculum pattern to require that such liberal arts and science courses must be taken or challenged satisfactorily before consideration is given for enrollment in the junior year. These courses are listed in semesters I, II, III, and IV. They also fulfill the liberal studies distribution required of all students in the college.

Each Dominican College student is required to take, or transfer 3-9 semester hours in the college writing sequence; and a total of 39-45 semester hours of liberal arts selected from among a minimum of 10 of the following disciplines:

Economics	Natural Sciences
English	Philosophy
Fine Arts	Political Science
History	Psychology
Mathematics	Religious Studies
Modern/Languages	Sociology/Anthropology
Speech	

Included in the above the RN student must take the following courses:

- Introduction to Philosophy
- Speech 11 or 21

DOMINICAN COLLEGE OF BLAUVELT

Table 1: Curriculum Pattern for Nursing Program

Semester I	Credits	Semester II	Credits
English 12	3	English 13	3
General Chemistry**	3	General Chemistry II**	3
General Psychology I**	3	Philosophy	3
Anatomy & Physiology I**	4	Anatomy & Physiology II**	4
Speech	3	Sociology/Anthropology	3
	16		16

Semester III	Credits	Semester IV	Credits
Development of Professional Nursing	2	Advanced Physiology	4
Introduction to Nursing Process	4	Professional Nursing Process I*	4
Dev. Psychology I**	3	Dev. Psychology II	3
Microbiology**	4	Physical Assessment	3
Mathematics	3		14
	16		

Note: Graduates of associate degree and diploma schools of nursing must successfully take challenge examinations, by this point in progression, to validate prerequisite knowledge, skill and ability at the sophomore and junior year levels before admission to Semester V. Credit will be awarded in the designated semesters.

Semester V	Credits	Semester VI	Credits
Professional Nursing Process II*	4	Professional Nursing Process III*	4
Community Health Nursing I	6	Community Health Nursing II	6
Religious Studies	3	Statistics	3
Distributed Liberal Studies	3	Distributed Liberal Studies	3
	16		16

Note: Before the end of or during Semester VI, nursing students must have successfully challenged prerequisite knowledge, skill and abilities at the senior level before admission to Semester VII. Credits will be awarded in the designated semesters.

Semester VII	Credits	Semester VIII	Credits
Professional Nursing Process IV*	4	Family Health Nursing II	6
Family Health Nursing I	6	Nursing Leadership	3
Social Science Electives	3	Distributed Liberal Studies	4
Distributed Liberal Studies	3		13
	16		

Note: Graduates of Diploma and Associate Degree Schools of Nursing must take challenge examinations in the designated courses. Credit is applied to these courses indicated by an asterisk (*).

**Prior knowledge may be validated by challenge examinations

4/1/82

- Mathematics 12 or above
- Laboratory Sciences:
  - Anatomy and Physiology
  - Chemistry
  - Microbiology
  - Advanced Physiology
- Social Sciences, 15 semester hours including:
  - General Psychology
  - Child Psychology
  - Sociology/Anthropology

At this point RN students may validate, through challenge examinations, prerequisite knowledge, skill and ability at the sophomore and junior levels before admission to semester V. Credit is applied to the courses marked with an asterisk. (See Table 1.) It must be noted in semester III, that the listed course, Introduction to Professional Nursing, is in reality a challenge examination based on sophomore level objectives. These objectives identify liberal arts and nursing knowledge, abilities and skills assumed as gained during the first two years of BSN programs. As of September 1982, any RN student failing this examination would have the option of repeating the examination, or of taking the aforementioned course, which also for the first time will be offered as a fundamentals of nursing course for new generic students. In subsequent semesters, this same option will exist.

These knowledges, skills and abilities are based on 1) general health practices: those activities which pertain to the maintenance of well-being; 2) uncomplicated health problems: those problems which are predictive and have fewer variables; and 3) the patient-centered approach: care given to the client with the client's and/or family's knowledge and approval.

Students must receive a grade of C or higher on each of the teacher-made and clinical competency tests. The examinations are designed and administered to establish one standard for entrance into the major in nursing, at the upper division level (junior and senior years).

Students may enter the program in either the fall or spring. In order that students may progress through the curriculum without delay or interruption, all upper division nursing courses are offered each semester.

Twenty-seven semester hours in nursing are offered in the upper division. Four of these courses have theoretical and clinical components and carry 6 credits each. The fifth course, Nursing Leadership, carrying 3 credits, is without a clinical component. Also courses are arranged so students can

attend twice a week: one 3-hour classroom lecture/discussion day, and one 8-hour day of clinical activities. An independent study assignment is counted as the 9th hour of clinic. Attendance twice weekly allows the part-time students to arrange work schedules to permit their continued employment, and for the full-time student, allows time for other liberal arts courses.

The four nursing courses with theoretical and clinical components are Community Health Nursing I; Community Health Nursing II (mental health); Family Health Nursing I (pre-natal through pre-adolescence); and Family Health Nursing II (adolescence through senescence). All courses are within the conceptual framework of man, community, health and nursing. Nursing faculty assumes that students prepared in ADN and diploma programs focus primarily on individuals in their conceptualization of health and nursing care. Believing that the opportunity to provide maximum assistance to individual and families is enhanced when nurses are knowledgeable about the community, faculty set the stage and context for nursing at the community level of systems. In the second year of the nursing major, the general focus is on families, but with their initial community context in mind, students view families as sub-systems of communities. It is important to point out, that with a hierarchy of open systems, attention to one level, emphasizes that level, but cannot exclude others.

Curriculum strands represent major themes, processes and concepts emphasized in the nursing major. The major builds on content of the liberal arts courses. Seven major strands have been selected by faculty. Five of these are vertical strands, organized to be taught at ascending levels of complexity. Two strands designated as horizontal are major concepts and processes utilized throughout the curriculum and applied in various settings. Each strand supports and elaborates all of the others. The horizontal strands are nursing process and levels of prevention. The vertical strands are nursing leadership, nursing research, professional socialization, communication and change.

In the selection of content and curriculum design, the faculty is guided by the program's philosophy, purposes and objectives. The Division remains committed to RNs seeking the professional BSN. The Division believes also that those who wish to change career goals should have an opportunity to do so. The expanded curriculum, to include generic students, LPNs and others, stimulates flexibility in the Division's thinking and implementation.

All processes agreed upon have been effective. Selection and development of challenge examinations have been the most

time consuming process. We have progressed from the use of college proficiency examinations to assign college credits for the diploma graduates, to the use of standardized NLN examinations as a criteria for entry and progressions for all RN students, finally to the development of our own objective-related, teacher-made challenge examinations. This has taken the Division 8 years to perfect, but now provides maximum flexibility for entry with validated knowledge and skills. As the program continues to develop options at the BSN level, future opportunities to discuss venturesome curriculum changes will be sought.

Summary

With an open system in nursing, possibilities exist for the integration of new knowledge with prior experience. The re-patterning necessary is best facilitated when a general systems theoretical framework is utilized.

Mobility for the Registered Nurse in a Generic Baccalaureate Program

By Marlene Werner
Associate Professor
School of Nursing at State University
of New York at Buffalo

The State University of New York (SUNY) at Buffalo has a long history of Registered Nurse (RN) education. In fact, when Buffalo was a private institution (The University of Buffalo) before joining the SUNY system, the first program admitted only RNs. In 1950 a generic program was opened, and the two programs ran simultaneously, but separately, until the late 1960s when the RN program was discontinued, and RNs were admitted directly into the generic program.

Until two years ago advanced placement for RNs within the generic program was achieved through examination mechanisms. For several years, baccalaureate level College Proficiency Examinations (CPEs) were utilized. With successful completion of this examination series the RN was admitted directly to senior level courses; all sophomore and junior level nursing course requirements were waived. Because the educational soundness of this practice was highly questionable, in terms of compatibility between the content taught in our sophomore and junior level courses and that included in the standardized achievement examinations, the use of CPEs was abandoned and replaced, in 1978, by a system of faculty developed theoretical and clinical challenge examinations for all of our nursing courses except those taught in the senior year. Both Associate Degree Nursing (ADN) and Diploma graduates took these examinations. Students further had the option of deciding which, if any, courses they wished to challenge. For each examination passed, they were given full course credit.

Despite the obvious advantages of this validation procedure, it proved to be enormously time-consuming for the faculty evaluators and costly to the school. Finally, after only two years of implementation, the university could no longer sustain these tremendous costs, and the challenge system was discontinued.

At this point, a major project was undertaken to develop a curriculum for RNs which would not only recognize previous learning acquired in ADN and hospital diploma programs, but would provide, within the program, as much flexibility and individualization as possible given the constraints of operating as an inherent component of an already established generic program. (Some of the constraints encountered in the

implementation of this special curricular track for RNs will be discussed later in this paper.)

The SUNY/Buffalo nursing program has three components: a prerequisite base of required courses in the humanities, social sciences, and physical sciences; the nursing major; and electives sufficient to meet overall University requirements for the Bachelor of Science degree.

The non-nursing prerequisite base, consisting currently of 50 credits, is the same for all students. RNs, who are graduates of ADN programs, can and usually transfer many of these credits from other institutions. Several of the prerequisite courses include mechanisms for challenge--or "credit by examination," as it is referred to at the University--and RNs may select this option where available. The required course in Human Growth and Development, for example, is frequently challenged by RNs whose basic programs have included this material, but not in the form of an equivalent, transferable course.

The second component of our program, the nursing major, has undergone considerable revision and modification in order to make it more responsive to the needs, priorities, and career goals of the RN students, and to facilitate their progression through the program by minimizing unnecessary repetition of course content or clinical experience. Underlying the program modifications that we made is this philosophical assumption: there is an identifiable constellation of competencies which each neophyte professional nurse is expected to possess, irrespective of the type of educational program--ADN, diploma, Baccalaureate of Science (BSN) degree--from which that nurse had graduated. Therefore, despite the unique differences among program types, these nursing knowledges and skills form a core of educational experience common to all basic RN preparation programs. Taking off from this assumption, in 1979 a comprehensive literature study and comparison of the SUNY/Buffalo undergraduate curriculum and the curricula of area hospital and community college programs was conducted in order to identify this common core of knowledges and skills, and to establish a mechanism for awarding college credit for it.

As a result, five clinical nursing courses required of our generic students, worth 32 credits, are no longer taken by RNs. In general, these courses focus on areas such as fundamental skills, basic medical and surgical nursing care concepts, acute care and long-term rehabilitative care for patients with physical and emotional illnesses, and maternal-child health--areas we identified as the common core and assume all RNs entering our program had learned previously. In addition to these content areas, however, there were components

in each of the courses deleted from the RN curriculum which we believed either to be unique to baccalaureate education, or to be introduced in most community college and hospital programs in depth and sophistication insufficient to meet the terminal objectives of our program. These knowledge areas were extracted and synthesized into two special courses, Concepts in Professional Nursing I and II, taken only by RN students. These two courses, designed to broaden and expand the professional nurse's knowledge consistent with the goals and objectives of the generic program, focus on the following general areas of nursing practice:

1) therapeutic communication and the helping process

2) utilization of the nursing process in planning and administering care to individual clients

3) the impact of illness on family functioning, and utilization of the nursing process in caring for families with illness

4) assessing and responding to acute and chronic stress displayed by clients, families, and health care professionals

5) group process and assumption of the leadership role

6) health teaching with individuals and groups

7) planning for continuing care for clients, and implementation of the discharge planning process

8) provision care for clients in the community.

For each of these 6 credit courses, which are taken sequentially, students have three hours of class each week, the equivalent of three academic credits. The remaining six credits is comprised of clinical requirements, which students carry out, for the most part, independently. With only a few exceptions, these being related to group teaching and community health experiences where on-site clinical teaching and guidance takes place, there is no faculty supervision of clinical activities; students seek guidance as needed from faculty, and clinical assignments are evaluated and graded through the students' written documentation of their work.

Since most of our RN students are employed in nursing, many of them full time, we request from each employing agency

permission for nurses who work in that agency, and who are enrolled in our clinical courses, to fulfill their clinical requirements in the work setting. Thus far, all employers who have been approached have voiced enthusiastic support for this approach to educational programming. Thus, we leave it entirely up to the student as to what clients will be selected as recipients of care, when they will actually work with these clients, and how much time they will spend in a particular activity. Our only stipulation is that students keep their "work" time and their "school" time separate; we assure all employers that educational activities will not conflict with service programs and goals. Because we provide no direct faculty supervision of students in these courses, all nurses in the clinical portion of the RN track must be licensed and currently registered to practice professional nursing in New York State.

As noted earlier the RN track has 20 nursing credits fewer than the generic track. Because we transfer all credits from community colleges, graduates of these ADN programs have enough nursing credits to make up for this deficit. Indeed, they have well in excess of 20 nursing credits; all the remainder of which are considered electives and count toward the 128 credits needed for the BSN degree. Because within the university we have no valid mechanism for awarding credit to diploma school graduates for their nursing courses, these students are required, prior to enrolling in any clinical courses, to complete successfully five Regents External Degree, ADN level theory examinations. Each successfully completed examination earns 4 college credits for a total of 20 credits. Thus, through these mechanisms, we feel confident we have validated adequately the previous learnings of our RN students relative to the common curricular core identified earlier.

In addition to the two special "Concepts" courses designed exclusively for RNs, these students enroll in 7 nursing courses, for a total of 24 credits, along with the generic students. There are 2 courses which explore professional issues, a course in health assessment, a research course, a community health course, a course in management of patient care, and an independent clinical perceptorship. Although generic students and RN students take these courses together, we have tried to introduce flexibility and to accommodate the special learning needs and priorities of the RN in several ways.

1) Several of our courses now have, each semester, both day and evening class sections. While this is not yet true of the major courses with clinical components, we plan next

year to begin offering the special RN courses during the evening hours every other semester, alternating with day schedules.

2) The sequence in which the nursing courses are taken has been altered for the RN student. For example, while the generic students can take no nursing courses until all non-nursing prerequisites are completed, our first professional issues course and the course in health assessment can be taken by RNs at any time; we don't even require matriculated status in the University for enrollment in these two courses. Many other of our nursing courses which must be taken sequentially by generic students can be taken concurrently by the RN. Thus the completion time for the 36 credit nursing major is, for a sizable proportion of our students, three semesters--although many of them choose to move through the program much more slowly, depending on the number of other personal and professional responsibilities and competing priorities.

3) Although our Management of Patient Care course is required of all students, only in the theoretical classes are RN and generic students combined. While the generic student has a structured clinical laboratory where the team leader role is assumed and practiced, RNs complete their clinical requirements independently at their places of employment, just as is done in the two previously described courses developed exclusively for RNs. We do conduct on-site evaluations in this course; each student is observed assuming a management role in whatever capacity he or she feels comfortable or ordinarily functions (it need not be the traditional team leader or charge nurse role); we also are present when the student presents a staff development problem.

The scheduling demands on faculty assigned to this course, can be quite heavy. Since our program tries to evaluate students in their usual work settings, this can involve all shifts, occasional weekends, and travel over a wide area of Western New York.

4) All of our students are required to take a course called Advanced Clinical Nursing. This course, which generic students take during the last five weeks of the program, after all other requirements are completed, can be taken by RNs at any time during their final nursing semester, along with any other course in which they might be enrolled. It consists of an independently designed, in-depth clinical practicum, which is carried out under the direction and guidance of a practicing nurse preceptor-role model from the health care agency selected by the student. While most of the generic students select relatively traditional patient care settings, the RNs,

who are frequently redefining their career goals, tend to utilize this experience as an opportunity to explore unfamiliar areas of practice before committing themselves to a change in employment or to matriculation in a specialized graduate program. School health, industrial health, critical care, hospice care, primary care, infection control, diabetic teaching, in-service education, and discharge planning are frequently chosen areas for practice. Of all the learning experiences within the program, this one seems to have the greatest impact on the RNs relative to their assumption of professional attitudes, values, and behavior.

Program Problem Areas

The preceding sections of this paper describe the RN program and highlight its positive attributes. The remainder of this paper shall describe observations about RN students in our program and also problem areas in our program which need to be resolved.

Our program has essentially one baccalaureate program within which there is a special track for RNs. This limitation places some constraints on our ability to be as responsive as we would like to the special needs and interests of these students. While we want to allow--and encourage--the RN to participate in experiences which foster expansion of goals, roles, and capabilities, we must take particular care to remain within the confines of our program philosophy and objectives. Some students expect graduate level study--and it is difficult to witness the dampened enthusiasm of this highly motivated, capable, upwardly mobile group of students.

Another constraint which compromises flexibility is the inability to schedule several of our classes at times most convenient for working nurses. A few of the courses taken by both generic and RN students can only be scheduled during daytime hours, and often are spaced over two or three days each week, in order to dovetail with the extensive clinical practice hours of the generic students. While we have been able to split some classes into two sections, offering one section during the day and the other in the evening, with evening sections meeting only once a week, presently we do not have sufficient resources to do this for all courses. This results in considerable frustration for the RNs; for some of them holding full-time day positions, it is extremely difficult to arrange for time off to attend classes without jeopardizing their employment status.

Another problem seems to have surfaced in some classes taken with generic students. If the course deals with essentially "new" knowledge, the two groups of students work together cooperatively and compatibly. In

courses where the RNs feel they already have some background, such as Management of Patient Care, and where many of them have, indeed, had extensive work experience in charge and supervisory capacities, there is considerable resentment of the generic students, an unwillingness to tolerate any repetition of content, and a pervasive feeling they are being "talked down to" by the faculty. In fact, they have some justification for their resentment and anger; the attention and concern of the faculty is primarily focused on the novice learner, and the unique experiences which the RNs bring to the learning situation are largely ignored. The feasibility of separating out the RNs into a special section of this course is currently being explored; however, as I have already pointed out, this may be impossible due to current budgetary constraints.

Finally, I would like to share with you two of my observations about the general "nature" of our RN student group. First, they do not seem to perceive of themselves as part of "one" large student body. RNs tend to remain aloof from generic students with virtually no social interaction between the two groups. As RNs tend to isolate themselves from the generic students, these students, in turn, encourage this isolation by excluding the RNs from most of their activities. While this situation has always existed to a certain extent, it has become particularly noticeable since the new alternative curriculum track for RNs was instituted in 1980.

Second, the RNs as a group are much more critical of their program than are the generic students. They are far more demanding than the novice learner, and voice high expectations relative to both the quality of teaching and the relevance of material taught. They make it clear they expect to "get their money's worth," and they want every minute to count. This can place considerable pressure on faculty who are not used to working with this group, and who may see them as aggressive, intolerant, and threatening as compared with generic students who are generally more compliant and less demanding. Most of us who work closely with these RNs have found, however, that although they are a real challenge to teach, they are also a remarkable stimulating and exciting group of students, and we believe the many frustrations encountered in trying to provide learning situations appropriate to their unique needs are far outweighed by the satisfactions derived as we watch them grow and develop both personally and professionally.

Post-Conference Summary and Plans for Regional Conferences

By Margaret Collins

When nurses and colleagues spend a day together it is an important time. From the action on such a day the reaction will be recognized equally in the present and the future.

> "Thank you for coming today to listen to one another, to honor one another's opinions, and to critique one another's work."

This day of presentation, this day of nurses coming together to identify the best solutions and to formulate strategies for needed answers, is a step forward on the continuum of work which began in 1893 with the first meeting of Superintendents of Training Schools. In the immediate past one thinks of the work of Dr. Ruth Matheny and faculty who developed "The twenty-one nursing problem approach"; Dr. Veronica Driscoll and the nursing committee who presented legislative proposals outlining the need to update the nurse practice act in New York State; Dr. Dolores Wozniak and Dr. Carrie Lenberg who maintained a steadfast belief that nursing faculty would meet the challenge of the new emphasis on identifying and evaluating learned competencies; the staff of the National League for Nurses and the development of the Mobility Profile Examination; the work to date by nursing committees of the American Nurse Association on credentialing; Dr. Eileen McQuaid Dvorak and the National Council of State Boards and the work on the licensing examinations and now all of you both on stage and in the audience who are working to welcome and provide access for students to all programs of nursing.

In each of the morning presentations approval from the Regents and Task Force Committee has been documented. The foundation for approval for both the registration and accreditation potential of programs offering flexible options, credit for learned competency and provision for equal and economic entrance and exit requirements have also been documented.

For those who will be developing proposals, there is a bibliography of resources available from the Nursing Education Unit which identifies all resources quoted in this publication. The documents are available upon written request from the Department. Also you may contact Drs. Schmidt, Abbott or Freeborne in writing or by phone for additional information concerning their remarks.

One of the decisions for faculty identified by Gail Rosettie in her paper addressed the articulation of a program with any lower level program of nursing. As the concept of mobility, not expansion, has taken form in the development of programs in New York State, this decision will be a priority as you become involved in providing access to nursing education in a regional area.

Joyce Lemieux stated that one's philosophical attitudes toward education are generally influenced by the social, economic and political structure of an area. We, as teachers, are sometimes as mobile as our students, and we must keep in mind the unique differences in all areas of thought and social structures in the counties which comprise New York State.

Elizabeth Black has given us a clue to success in her statement "faculty have committed themselves to a policy of assessing prior learning and giving credit." The key word here is "committed." It is a proven fact that the nursing faculty are the key to the success of the beginning dialog in developing flexible options and/or articulation. Carl Rogers, "Personal Thoughts on Teaching and Learning," takes the position that, "the only kind of learning which significantly influences behavior is self-discovered or self-appropriated learning truth that has been personally appropriated and assimilated in experience." The faculty experience is the force in developing access to nursing in a region.

Margaret Wines states, "the faculty see their role as that of facilitator of the learning process." That statement is reinforced throughout the presentation from the selection of the conceptual framework through development of objectives. Tradition justifies the appropriateness of selected schools of nursing offering standardized academic programs in a hospital setting.

Gerry Mosley has presented another clue in developing a program for her region which works for her particular institution. "Students may enter the program in either the fall or spring. In order that students may progress through the curriculum without delay or interruption, all upper division nursing courses are offered each semester."

A statement from Marlene Werner's presentation was an appropriate ending for the day's conference and gave direction for the regional conferences to be planned. "Underlying the program modifications that we made is this philosophical assumption: there is an identifiable constellation of competencies which each neophyte professional nurse is

expected to possess, irrespective of the type of professional educational program from which that nurse has graduated. Therefore, despite the unique differences among program types, these nursing knowledges and skills form a core of educational experience common to all basic professional preparation programs."

The regional conferences to continue this discussion on Mobility in Nursing will be funded by the State Education Department through a grant proposal from the SUNY Two-Year College Developmental Center. The staff members will be Dr. Gene Winters, Director of the Center, and Mrs. Gail Rosettie, Nursing Education Unit.

In September the registered participants at this conference will receive a flyer containing information on the tapes of the conference and on tentative plans concerning the places and times for the regional conference days.

Thank you for coming today to listen to one another, to honor one another's opinions and to critique one another's work.

We will move together to make the journey easier for those who wish to join us and for those who follow.